

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004159

FILED
Feb 19, 2010
Secretary of State

Entity Name: CENTRAL FLORIDA SOFTBALL LEAGUE, INC.

Current Principal Place of Business:

415 ST FRANCIS SR #118
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

PO BOX 149692
ORLANDO, FL 32814

New Mailing Address:

FEI Number: 59-3501162

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDREALA, ANTHONY
415 ST FRANCIS SR #118
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DAL
Name: HANLEY, BRIAN
Address: 304 E. SOUTH ST. #2029
City-St-Zip: ORLANDO, FL 32810

Title: AC
Name: HAREM, RICHARD
Address: 800 SAN JUAN BLVD
City-St-Zip: ORLANDO, FL 32807

Title: TR
Name: HOFFMAN, FAITH
Address: 150 BENTLEY OAKS BOULEVARD
City-St-Zip: DAVENPORT, FL 33896

Title: M
Name: GAITHER, KYLE
Address: 4525 PARK EDEN CIRCLE
City-St-Zip: ORLANDO, FL 32810

Title: C
Name: ANDREALA, ANTHONY
Address: 415 ST. FRANCIS STREET, #118
City-St-Zip: TALLAHASSEE, FL 32301

Title: S
Name: GENTRY, NORM
Address: 3730 MARTIN STREET
City-St-Zip: ORLANDO, FL 32806

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FAITH HOFFMAN

TR

02/19/2010

Electronic Signature of Signing Officer or Director

Date