2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 09, 2006 8:00 am Secretary of State D.OCUMENT # N97000006298 1. Entity Name 02-09-2006 90024 024 ****61.25 SARASOTA CO-ED SOFTBALL, INC. Principal Place of Business Mailing Address 7538 PLANTATION CIR. 7538 PLANTATION CIR. **BRADENTON FL 34201 BRADENTON FL 34201** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 65-0792560 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LANGMANN, HEATHER Street Address (P.O. Box Number is Not Acceptable) 7538 PLANTATION CIRCLE **BRADENTON FL 34201** City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to * \$5.00 May Be П Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete TITLE TITLE Change Addition WEIBUSCH, BOB NAME NAME STREET ADDRESS 1685 GEORGE TOWN BLVD STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-ZIP Presdent PD Delete TITLE Addition TITLE caroline wilson HENSELL, STEVE NAME NAME 952 magellan Dr 3855 PIN OAK ST STREET ADDRESS STREET ADDRESS Sarasota, FL 34243 CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-ZIP Delete_ _____ Addition TITLE SPENCER, LAURA STREET ADDRESS 3993 BERLIN CIRCLE STREET ADDRESS SARASOTA FL 34236 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition LANGMANN, HEATHER STREET ADDRESS 7538 PLANTATION CIRCLE STREET ADDRESS **BRADENTON FL 34201** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. Hoother Langman 1/30/06 (940)379.0272 leate SIGNATURE: ☐