

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002515

FILED
Apr 06, 2009
Secretary of State

Entity Name: OVER FIFTY SENIOR SOFTBALL ASSOCIATION OF PORT ST LUCIE, INC.

Current Principal Place of Business:

1600 NE DIXIE HWY
B11/102
JENSEN BEACH, FL 34957

New Principal Place of Business:

914 SW GRAND RESERVE BLVD
PORT ST. LUCIE, FL 34986

Current Mailing Address:

1600 NE DIXIE HWY
B11/102
JENSEN BEACH, FL 34957

New Mailing Address:

914 SW GRAND RESERVE BLVD
PORT ST. LUCIE, FL 34986

FEI Number: 65-0903534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHTER, CARL L DT
1600 NE DIXIE HWY
B11/102
JENSEN BEACH, FL 34957 US

Name and Address of New Registered Agent:

O'NEILL, JOHN L DT
914 SW GRAND RESERVE BLVD
PORT ST. LUCIE, FL 34986 US

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: JOHN L. O'NEILL

04/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D2VP () Delete
Name: BROWN, FLOYD
Address: 672 SE NORSEMAND DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: DP () Delete
Name: ESPOSITO, CARLO
Address: 2520 SE ANCHORAGE COVE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: DVP () Delete
Name: VITTI, CIRILLO JERRY
Address: 2310 SE CHARLESTON DR
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: DT () Delete
Name: RICHTER, CARL L
Address: 1600 NE DIXIE HWY B11/102
City-St-Zip: JENSEN BEACH, FL 34957

Title: DS () Delete
Name: SULLIVAN, BUD
Address: 2072 SW DANFORTH
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: O'NEILL, JOHN L
Address: 914 SW GRAND RESERVE BLVD
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN L. O'NEILL

DT

04/06/2009

Electronic Signature of Signing Officer or Director

Date