

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010988

Entity Name: WEST PINELLAS KRUSHERZ SOFTBALL, INC.**Current Principal Place of Business:**1478 RIDGE TOP DRIVE
TARPON SPRINGS, FL 34688**Current Mailing Address:**1478 RIDGE TOP DRIVE
TARPON SPRINGS, FL 34688**FEI Number:** 20-5752677**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SZELEST, RAY
1478 RIDGE TOP DRIVE
TARPON SPRINGS, FL 34688 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRES
Name	SZELEST, RAY
Address	1478 RIDGE TOP DRIVE
City-State-Zip:	TARPON SPRINGS FL 34688

Title	TRES
Name	FAISON, ROBERT
Address	408 RIVERSIDE DRIVE
City-State-Zip:	TARPON SPRINGS FL 34689

Title	VP
Name	COPELAND, BRUCE
Address	913 WESTWINDS BLVD
City-State-Zip:	TARPON SPRINGS FL 34689

Title	SEC
Name	SZELEST, GINA
Address	1478 RIDGE TOP DRIVE
City-State-Zip:	TARPON SPRINGS FL 34688

Title	MEM
Name	SILVER, ROY
Address	3480 TANGLEWOOD TRAIL
City-State-Zip:	PALM HARBOR FL 34685

Title	MEM
Name	CARUTHERS, SHELLY
Address	14280 110TH TERRACE N
City-State-Zip:	LARGO FL 33774

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: ROBERT N FAISON**TREASURER****04/22/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date