


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED  
Mar 05, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # 743236</b>			
1. Entity Name <b>FIFTY PLUS SOFTBALL LEAGUE OF LEE COUNTY, INC.</b>			
Principal Place of Business <b>15091 TAMARIND CAY CT #904 FORT MYERS FL 33908 US</b>		Mailing Address <b>15091 TAMARIND CAY CT #904 FORT MYERS FL 33908 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MCKIERNAN, DONALD E 15091 TAMARIND CAY CT #904 FORT MYERS FL 33908</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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.			
SIGNATURE <i>Donald E. McKiernan, Treasurer 3/1/04</i>		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE Registered Agent signature required when reinstating)	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>PAUL, DAVID J</b> <b>5329 SW 11TH PL</b> <b>CAPE CORAL FL 33914</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>MCKIERNAN, DONALD</b> <b>15091 TAMARIND CAY COURT, #904</b> <b>FORT MYERS FL 33908</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>HICKEY, EDWARD</b> <b>531 SE 32ND ST</b> <b>CAPE CORAL FL 33914</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>MCGLYNN, ALFRED</b> <b>5738 SW 9TH COURT</b> <b>CAPE CORAL FL 33914</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>PORTNOX, MICHAEL</b> <b>929 SW 8TH PL #202</b> <b>CAPE CORAL FL 33914</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>VER DEN HALVEN, RICHARD</b> <b>129 BAEX COURT</b> <b>CAPE CORAL FL 33914</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



MOORE CR2E037 (11/03)

4. FEI Number **NO-T APPLICABLE**  Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

00000077951  
03/08/04-80008-007 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: *Donald E. McKiernan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR