

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005748

FILED
Mar 17, 2009
Secretary of State

Entity Name: 50+ SOFTBALL LEAGUE OF FORT MYERS - MORNING LEAGUE, INC.

Current Principal Place of Business:

13825 RIVER ROAD
FORT MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

13825 RIVER ROAD
FORT MYERS, FL 33905

New Mailing Address:

FEI Number: 59-3808837

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, SILAS
13825 RIVER ROAD
FORT MYERS, FL 33905 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: P () Delete
Name: JOHNSON, SILAS
Address: 13825 RIVER ROAD
City-St-Zip: FORT MYERS, FL 33905

Title: V () Delete
Name: MACLEOD, MALCOLM
Address: 13811 MAHOGANY BLVD
City-St-Zip: FORT MYERS, FL 33907

Title: S () Delete
Name: BLOOM, BARRY
Address: 1050 NW 39TH AVENUE
City-St-Zip: CAPE CORAL, FL 33993

Title: T () Delete
Name: SERI, RON
Address: 14881 CRYSTAL COVE COURT
City-St-Zip: FORT MYERS, FL 33919

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: T (X) Change () Addition
Name: MCKIERNAN, DONALD E
Address: 4260 SE 20TH PLACE, UNIT 1-802
City-St-Zip: CAPE CORAL, FL 33904

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: DONALD E. MCKIERNAN

T

03/17/2009

Electronic Signature of Signing Officer or Director

Date