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ANNUAL REPORT

South Dakota State Capitol
500 E. Capitol Ave
Pierre, SD 57501-5070
(605) 773-4845

Domestic Nonprofit Corporation
SDCL 47-24-6, 59-11-24

Filing Fee: \$10

Total Fee: \$10

2017
FILING YEAR

Please Type or Print Clearly in Ink
Please submit one Original
Make payable to the SECRETARY OF STATE

1. Business ID and Name:

NS008327
BUSINESS ID

PHILIP SOFTBALL ASSOCIATION, INC.
BUSINESS NAME

2. The jurisdiction under whose law it is formed **SOUTH DAKOTA**

3. The address of the principal executive office (business address):

Actual Street Address
23259 SD HWY. 73
PHILIP, SD 57567-6601

Mailing Address
23259 SD HWY 73
PHILIP, SD 57567-8808

4. The South Dakota Registered Agent's Name:

South Dakota law permits the registered agent to be either (a) a noncommercial registered agent, (b) a commercial registered agent, or (c) an office holder.

(a) The South Dakota Noncommercial Registered Agent's name

Name **SHAR MOSES**

Actual Street Address in this State

204 PRAIRIE DRIVE
PHILIP, SD 57567

Mailing Address in this State

PO BOX 474
PHILIP, SD 57567-0474

5. The names and addresses of its principal officers.

Title	Name	Address
Vice President	CRAIG WEBER	BOX 15 201 DIVISION ST., PHILIP, SD, 57567
President	ROGER O'CONNELL	BOX 412 22290 US HWY. 14, PHILIP, SD, 57567
Secretary	SHAR MOSES	23259 SD HWY. 73, PHILIP, SD, 57567
Treasurer	SHAR MOSES	23259 SD HWY. 73, PHILIP, SD, 57567

6. The names and addresses of its directors (governors).

Name	Address
CRAIG BURNS	BOX 104, PHILIP, SD, 57567

7. Beneficial Owners (optional): A beneficial owner is a person who has or in some manner controls an equity security. Please consult an attorney for legal advice if you have any questions concerning this entry. Any question under this heading is considered a request for legal advice and the secretary of state's office is, by statute, not permitted, to provide legal advice.

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a civil and/or criminal penalty (SDCL 47-1A-129; 22-39-36).



06/28/2017

Dated

Email (Optional)

shar kay moses

Signature of an Authorized Person

shar kay moses

Printed Name

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