

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 06, 2004
Secretary of State**

DOCUMENT# N02000002580

Entity Name: LAKE REGION THUNDER BASEBALL CLUB, INC.

Current Principal Place of Business:

134 BOXWOOD DRIVE
DAVENPORT, FL 33837

New Principal Place of Business:

Current Mailing Address:

134 BOXWOOD DRIVE
DAVENPORT, FL 33837

New Mailing Address:

FEI Number: 01-0654240 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOUTON, RUSSEL L II
134 BOXWOOD DRIVE
DAVENPORT,, FL 33837

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/D () Delete
Name: MANCINI, JOSEPH A
Address: 1111 INTERLOCHEN BLVD.
City-St-Zip: WINTER HAVEN, FL 33884

Title: V/D () Delete
Name: WARREN, RONALD T
Address: 617 OAK AVENUE
City-St-Zip: EAGLE LAKE, FL 33839

Title: S/D () Delete
Name: RICHARDSON, TIMOTHY W
Address: 832 WHISPER LAKE DRIVE
City-St-Zip: WINTER HAVEN, FL 33880

Title: T/D () Delete
Name: MOUTON, RUSSEL L II
Address: 134 BOXWOOD DRIVE
City-St-Zip: DAVENPORT, FL 33837

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RUSSEL L. MOUTON, II

T/D

03/06/2004

Electronic Signature of Signing Officer or Director

Date