


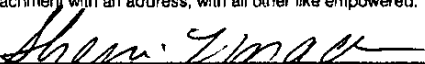


**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90014 016 \*\*\*\*61.25

**2005 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # N02000002580</b> 1. Entity Name <b>LAKE REGION THUNDER BASEBALL CLUB, INC.</b>					
Principal Place of Business <b>134 BOXWOOD DRIVE          DAVENPORT, FL 33837</b>		Mailing Address <b>134 BOXWOOD DRIVE          DAVENPORT, FL 33837</b>			
<b>2557 PARTRIDGE DR</b> Suite, Apt. #, etc.		<b>2557 PARTRIDGE DR</b> Suite, Apt. #, etc.		<b>50000885</b>  	
<b>2557 PARTRIDGE DR</b> Suite, Apt. #, etc.		<b>2557 PARTRIDGE DR</b> Suite, Apt. #, etc.		01062005 Chg-NP CR2E037 (10/03)	
City & State <b>WINTER HAVEN FL</b>		City & State <b>WINTER HAVEN FL</b>		4. FEI Number <b>01-0654240</b>	
Zip <b>33884</b>		Country <b>US</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33884</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>MOUTON, RUSSEL L II</b> <b>134 BOXWOOD DRIVE</b> <b>DAVENPORT, FL 33837</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>SHERRI L MACKLIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>2557 PARTRIDGE DR</b>  City <b>WINTER HAVEN FL</b> Zip Code <b>33884</b>	
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  <b>SHERRI L. MACKLIN</b>				DATE <b>1/7/05</b>	
<b>Filing Fee is \$61.25          Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <b>MANCINI, JOSEPH A</b> <b>1111 INTERLOCHEN BLVD.</b> <b>WINTER HAVEN, FL 33884</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <b>WARREN, RONALD T</b> <b>617 OAK AVENUE</b> <b>EAGLE LAKE, FL 33839</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D <b>RICHARDSON, TIMOTHY W</b> <b>832 WHISPER LAKE DRIVE</b> <b>WINTER HAVEN, FL 33880</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D <b>MOUTON, RUSSEL L II</b> <b>134 BOXWOOD DRIVE</b> <b>DAVENPORT, FL 33837</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D <b>RICHARDSON, TIMOTHY W</b> <b>4900 CYPRESS GARDENS RD #113</b> <b>WINTER HAVEN FL 33884</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D <b>MACKLIN, SHERRI L</b> <b>2557 PARTRIDGE DR</b> <b>WINTER HAVEN FL 33884</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WINTER HAVEN FL 33884	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WINTER HAVEN FL 33884	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <b>SHERRI L. MACKLIN</b>				Date <b>1/7/05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <b>863-291-6378</b>	