

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 16, 2005
Secretary of State**

DOCUMENT# N03000007046

Entity Name: BLOOMINGDALE BANDITS BASEBALL CLUB, INC.

Current Principal Place of Business:

2819 FALLING LEAVES DRIVE
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

2819 FALLING LEAVES DRIVE
VALRICO, FL 33594

New Mailing Address:

FEI Number: 27-0064013 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASSON, BRIAN K
2819 FALLING LEAVES DRIVE
VALRICO, FL 33594 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, D () Delete
Name: HASSON, BRIAN K
Address: 2819 FALLING LEAVES DRIVE
City-St-Zip: VALRICO, FL 33594

Title: D ST () Delete
Name: OORLOG, JONATHAN W JR.
Address: 205 LOCUST DRIVE
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: KALAF, JOHN
Address: 117 LAUREL TREE WAY
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: KNAPP, MICHAEL P
Address: 2316 LONGMORE CIRCLE
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: CARL, DENISE
Address: 4402 SWIFT CIRCLE
City-St-Zip: VALRICO, FL 33594

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: D (X) Change () Addition
Name: BRANCA, MICHAEL
Address: 5402 BURNT HICKORY DRIVE
City-St-Zip: VALRICO, FL 33594

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: JONATHAN W. OORLOG, JR.

S

04/16/2005

Electronic Signature of Signing Officer or Director

Date