

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 28, 2009
Secretary of State**

DOCUMENT# N06000004003

Entity Name: SOUTH WALTON BASEBALL ASSOCIATION, INC.

Current Principal Place of Business:

59 CANAL STREET
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

Current Mailing Address:

59 CANAL STREET
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

PO BOX 2097
SANTA ROSA BEACH, FL 32459 US

FEI Number: 68-0644280 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEUZE, DAVID
59 CANAL ST
SANTA ROSA BEACH, FL 32459 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: D () Delete
Name: HOWARD, STEVE
Address: 59 CANAL STREET
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: D () Delete
Name: LEUZE, DAVID
Address: 59 CANAL STREET
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MEADOWS, TIM
Address: PO BOX 2097
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

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

Title: D () Change (X) Addition
Name: STROOP, MARK
Address: PO BOX 2097
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

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: DAVID LEUZE

TREA

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date