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

SIGNATURE: Bob Blume President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Jan 25, 2005 8:00 am Secretary of State DOCUMENT # N06594 01-25-2005 90046 049 \*\*\*\*61.25 WILTON MANORS BASEBALL, INC. Principal Place of Business Mailing Address 105 ALMAR DRIVE 2675 NW 7 AVE 40006253 WILTON MANORS, FL 33311 WILTON MANORS, FL 33334 US 2. Principal Place of Business 3. Mailing Address 2675 nw 7 avenue 105 almar drive Suite, Apt. #, etc. \*WILTON MANORS /Florida Suite, Apt. #, etc. 01042005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-2488512 City & State City & State Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33334 Broward Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Bob Blume BLUME, BRENDA Street Address (P.O. Box Number is Not Acceptable) 241 NW 24th Street 241 NW 24 ST. WILTON MANORS, FL 33311 <u> Wilton Manors</u> 33334 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. 1 am familiar with, and accept the obligations of registered agent. Bob Blume President SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11 TIT1 F Delete TITLE ☐ Addition NAME BLUME, BRENDA R NAME STREET ADDRESS 241 N W 24TH ST STREET ADDRESS CITY-ST-ZIP WILTON MANORS, FL 33311 CITY-ST-ZIP TITLE ☐ Delete TITLE President √ Change ☐ Addition BLUME, ROBERT NAME NAME STREET ADDRESS 241 NW 24TH ST STREET ADDRESS CITY-ST-ZIP WILTON MANORS, FL 33311 CITY-ST-ZIP TITLE Delete - Change - - ☐ Addition SCHOTANUS, BETH vice presidetn NAME NAME STREET ADDRESS 208 N E 28TH CT STREET ADDRESS CITY-ST-ZIP WILTON MANORS, FL 33334 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition SCHOTANUS, WAYNE E NAME NAME 105 ALMAR DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WILTON MANORS, FL 33334 CITY-ST-ZIP **≯** Defete TITLE TITLE yice president xx ☐ Change ☐ Addition BLUME, BRENDA NAME NAME Wilton Manors, NW F21st 33311 STREET ADDRESS 241 NW 24 ST STREET ADDRESS CITY-ST-ZIP WILTON MANORS, FL 33311 CITY-ST-ZIP secretary TITLE ☐ Change ☐ Addition XX Delete RR Suzette Richards 2217 Nw 2nd ave Wilton Manors , Florida JOHNSON, DIANE NAME NAME STREET ADDRESS 1940 NORTH E 2 AVE #J-106 STREET ADDRESS CITY-ST-ZIP WILTON MANORS, FL 33305 City-St-7IP 12. I hereby certify that the information supplied with this filing does not qualify 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 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.

FILED