

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22116

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: SAY BASEBALL OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

PO BOX 561556  
ORLANDO, FL 328561556 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 561556  
ORLANDO, FL 328561556 US

**New Mailing Address:**

FEI Number: 59-3040163

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NEUSAENGER, JOHN M  
4207 BELLE GROVE COURT  
BELL ISLE, FL 32812 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: DV ( ) Delete  
Name: MEREDITH, JAY  
Address: 3817 GATLIN WOODS DRIVE  
City-St-Zip: ORLANDO, FL 32812

Title: DP ( ) Delete  
Name: GRABHORN, DANIEL  
Address: 437 HARBOUR OAKS PT DR  
City-St-Zip: ORLANDO, FL 32809

Title: DT ( ) Delete  
Name: NEUSAENGER, JOHN  
Address: 3328 S. SEMORAN BLVD., #2  
City-St-Zip: ORLANDO, FL 32822

Title: DS ( ) Delete  
Name: AMATO, DANIEL  
Address: 6421 SAINT PARTIN PLACE  
City-St-Zip: ORLANDO, FL 32812

**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: DANIEL GRABHORN

DP

04/26/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date