

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22116

FILED
Mar 09, 2006
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 (X)

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:

GRABHORN, DAN D
437 HARBOUR OAKS PT DR
ORLANDO, FL 32809 US

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: DAN GRABHORN

03/09/2006

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 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: DAN GRABHORN

DP

03/09/2006

Electronic Signature of Signing Officer or Director

Date