


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90019 002 ****70.00

DOCUMENT # N34661			
1. Entity Name FLORIDA STATE HORSESHOE PITCHERS ASSOCIATION, INC.			
Principal Place of Business % JOHN PEPLNSKI 3550 BOBWHITE CT MELBOURNE FL 32904 US		Mailing Address % JOHN PEPLNSKI 3550 BOBWHITE CT MELBOURNE FL 32904 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-2306520		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PEPLNSKI, JOHN E 3550 BOBWHITE CT MELBOURNE FL 32904		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RANDALL, JERRY 4960 ARBOR ST. INVERNESS FL 34452 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DECKARD, RONALD 7302 BROOKVIEW CIR TAMPA FL 33634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROOP, WILLIAM P.O BOX 7 N/A LADY LAKE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VERDELL WOOLLARD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 123 SAINT MARTINS WAY APOLLO BEACH, FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZUMBAHLEN, ROBERT 127 MELODY LN TARPON SPRINGS FL 34689 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PEPLNSKI, JOHN 3542 W. BOBWHITE CT. W. MELBOURNE FL 32904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3550 BOBWHITE CT,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRUBB, MARVIN E 4540 OSCEOLA RD TITUSVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: John Peplnski JOHN PEPLNSKI 1-21-04 321-725-0171
Date Daytime Phone #