


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N34661</b> 1. Entity Name <b>FLORIDA STATE HORSESHOE PITCHERS ASSOCIATION, INC.</b>	
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Principal Place of Business % JOHN PEPLNSKI 3550 BOBWHITE CT MELBOURNE FL 32904 US	Mailing Address % JOHN PEPLNSKI 3550 BOBWHITE CT MELBOURNE FL 32904 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt #, etc.	Suite, Apt #, etc.	
City & State	City & State	
Zip	Country	Zip Country

1st MOORE CR2E037 (10/06)

4. FEI Number <b>59-2306520</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PEPLNSKI, JOHN E</b> <b>3550 BOBWHITE CT</b> <b>MELBOURNE FL 32904</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>

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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input type="checkbox"/> Delete <b>HILPERTSHAUSER, ROBERT</b> <b>340 MERIDIAN RUN DR</b> <b>COCOA FL 32926</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME STREET ADDRESS CITY ST ZIP			U00000600590 01/26/07-80014-022 70.00
TITLE VD	<input type="checkbox"/> Delete <b>DECKARD, RONALD</b> <b>7302 BROOKVIEW CIR</b> <b>TAMPA FL 33634</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME STREET ADDRESS CITY ST ZIP			
TITLE VP	<input type="checkbox"/> Delete <b>WOOLLARD, VERDELL</b> <b>123 SAINT MARTIN'S WAY</b> <b>APOLLO BEACH FL 33572</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME STREET ADDRESS CITY ST ZIP			
TITLE STD	<input type="checkbox"/> Delete <b>PEPLNSKI, JOHN</b> <b>3550 BOBWHITE CT.</b> <b>W. MELBOURNE FL 32904</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME STREET ADDRESS CITY ST ZIP			
TITLE VD	<input type="checkbox"/> Delete <b>GRUBB, MARVIN E</b> <b>4540 OSCEOLA RD</b> <b>TITUSVILLE FL</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME STREET ADDRESS CITY ST ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME STREET ADDRESS CITY ST ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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  
 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-18-07 Daytime Phone #: 321-725-0171