

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 05, 2009**  
**Secretary of State**

DOCUMENT# N34661

Entity Name: FLORIDA STATE HORSESHOE PITCHERS ASSOCIATION, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

% JOHN PEPLNSKI  
3550 BOBWHITE CT  
MELBOURNE, FL 32904 US

**Current Mailing Address:**

**New Mailing Address:**

% JOHN PEPLNSKI  
3550 BOBWHITE CT  
MELBOURNE, FL 32904 US

FEI Number: 59-2306520      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

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

PEPLNSKI, JOHN E  
3550 BOBWHITE CT  
MELBOURNE, FL 32904 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HILPERTSHAUSER, ROBERT  
Address: 340 MERIDIAN RUN DR  
City-St-Zip: COCOA, FL 32926

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD ( ) Delete  
Name: DECKARD, RONALD  
Address: 7302 BROOKVIEW CIR  
City-St-Zip: TAMPA, FL 33634

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Delete  
Name: WOOLLARD, VERDELL  
Address: 123 SAINT MARTINS WAY  
City-St-Zip: APOLLO BEACH, FL 33572

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD ( ) Delete  
Name: PEPLNSKI, JOHN  
Address: 3550 BOBWHITE CT.  
City-St-Zip: W. MELBOURNE, FL 32904

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Delete  
Name: GRUBB, MARVIN E,  
Address: 4540 OSCEOLA RD  
City-St-Zip: TITUSVILLE, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOHN PEPLNSKI

S/T

01/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date