2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N47241

1. Entity Name

WEST VOLUSIA PONY BASEBALL, INC.

Principal Place of Business Mailin

1180 SAXON BLVD. DELTONA, FL 32725 U Mailing Address

P.O. BOX 5814

DELTONA, FL 32728 US

FILED
Jan 20, 2004 08:00 AM ---Secretary of State



DO NOT WRITE IN THIS SPACE

59-3100680

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

HADDEN, RON 2925 HIGHLAND LAKES DR. DELTONA, FL 32738

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the ions of registered agent	purpose of changing its registered	d office or r	egistered agent, or bu	iti, in the State of Florida II am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and tell	e s'applicable. (NOTE: Registered	Agent signature	required when terretainig)	PATE
	Filing Fee is \$61.25 Due by May 1, 2004	Election Campaign Financ Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TRTLE NAME STREET ADDRESS CHY-ST-ZIP	O ENRIGHT, MIKE 2536 GRAMERCY DR. DELTONA, FL 32738				
TITLE NAME STREET ADDRESS GITY-ST-7IP	D MOZINGO, ROBIN 2422 SEDGEFIELD AVE DELTONA, FL 32725	·			000000007986 01/20/04-80647-883 61.25
TITLE NAME STREET ADDRESS CITY-ST-7IP	PD HADDEN, RON 3925 HIGHLAND LAKES DR. DELTONA, FL 32738			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-77P				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-S7-ZP					
TREET ADDRESS CHY+SI-TIP					
12. I hereby	confly that the information supplied with this	filling does not qualify for the exec	nption state	d in Section 119.07(3)	(i), Florida Statutes. I further certify that the information

122. I follow comit that the enformation supplied with this timing does not quality for the exemption stated in Section 119.07(3)(f), fored Statutes, it diffice control that the enformation indicated on this report or suppliemental 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAIG OFFICER OR DIRECTOR

1-12-04

407-402-9311