## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000004982

Apr 30, 2007 Secretary of State

Entity Name: CHARLOTTE THUNDER BASEBALL LEAGUE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 21069 RIDDLE AVE PT CHARLOTTE, FL 33954

**Current Mailing Address: New Mailing Address:** 

21069 RIDDLE AVE PT CHARLOTTE, FL 33954

FEI Number: 20-2837276 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BIRDSALL, THOMAS 21069 RIDDLE AVE PT CHARLOTTE, FL 33954 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:

(X) Change ( ) Addition () Delete FRATINA, RACHEL PETREY, LORETTA Name: Name: 3302 MIDDLETOWN ST Address: 6135 SENATE AVENUE Address:

City-St-Zip: PT CHARLOTTE, FL 33952 City-St-Zip: FT. OGDEN, FL 34267 (X) Change ( ) Addition Title: ( ) Delete Title:

AGOSTO, JOYCE Name: TAYLOR, JENNY Name: Address: 21247 COTTONWOOD AVE Address: 26055 TATTERSALL LN City-St-Zip: PT CHARLOTTE, FL 33952 City-St-Zip: PUNTA GORDA, FL 33950

Title: () Delete Title: (X) Change ( ) Addition PETERSON, SUZANNE POLK, JANINE Name: Name:

134 NORTHSHORE TERRACE Address: 6565 BEEDLA ST Address:

City-St-Zip: NORTH PORT, FL 34286 City-St-Zip: PORT CHARLOTTE, FL 33980

Title: ( ) Delete Title: (X) Change ( ) Addition

Name: CLONINGER, LISA Name: KREFT, DARLENE Address: 119 LAUNCH RD NW Address: **3260 DEPEW** City-St-Zip: LAKE PLACID, FL 33852 City-St-Zip: PORT CHARLOTTE, FL 33953

Title: ( ) Delete Title: () Change () Addition

BIRDSALL, THOMAS Name: Name: 21069 RIDDLE AVE Address: Address: PT CHARLOTTE, FL 33954 City-St-Zip: 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: THOMAS BIRDSALL D 04/30/2007