

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47241

FILED
Jan 05, 2008
Secretary of State

Entity Name: WEST VOLUSIA PONY BASEBALL, INC.

Current Principal Place of Business:

1236 SAXON BLVD.
DELTONA, FL 32725 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5814
DELTONA, FL 32728 US

New Mailing Address:

FEI Number: 59-3100680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIORICA, RICHARD
3680 VAN DALE STREET
DELTONA, FL 32728 US

Name and Address of New Registered Agent:

KOUROUNIS, EMMANUEL
533 SOFT SHADOW LANE
DEBARY, FL 32713 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: EMMANUEL KOUROUNIS

01/05/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ENRIGHT, MIKE
Address: 2536 GRAMERCY DR.
City-St-Zip: DELTONA, FL 32738

Title: D/S () Delete
Name: PAGE, GLORIA L
Address: 1337 BLYTHE AVENUE
City-St-Zip: DELTONA, FL 32725

Title: O () Delete
Name: MCCOLLOUGH, DAVID
Address: 1954 PRESOTT BLVD.
City-St-Zip: DELTONA, FL 32738

Title: D/T () Delete
Name: DALY, MIKE
Address: 1931 VIENNA AVE
City-St-Zip: DELTONA, FL 32725

Title: O () Delete
Name: LAWRENCE, CAROL
Address: 1681 GOLD OAKS RD
City-St-Zip: DELTONA, FL 32725

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: O (X) Change () Addition
Name: FERRARO, PETE
Address: 1420 MCGREGOR RD
City-St-Zip: DELAND, FL 32720

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

Title: O (X) Change () Addition
Name: TURNER, CHRIS
Address: 525 W LYNN AVE
City-St-Zip: ORANGE CITY, FL 32763

Title: D () Change (X) Addition
Name: COFFEY, MITCH
Address: P.O. BOX 5223
City-St-Zip: DELTONA, FL 32738

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: GLORIA L PAGE

D/S

01/05/2008

Electronic Signature of Signing Officer or Director

Date