

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004982

FILED  
Feb 10, 2009  
Secretary of State

Entity Name: CHARLOTTE THUNDER BASEBALL LEAGUE, INC.

## Current Principal Place of Business:

21069 RIDDLE AVE  
PT CHARLOTTE, FL 33954

## New Principal Place of Business:

## Current Mailing Address:

21069 RIDDLE AVE  
PT CHARLOTTE, FL 33954

## New Mailing Address:

FEI Number: 20-2837276

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete  
Name: BIRDSALL, CHRISTOPHER T  
Address: 21069 RIDDLE AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: VP ( ) Delete  
Name: BIRDSALL, THOMAS L  
Address: 21069 RIDDLE AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: S ( ) Delete  
Name: TAYLOR, JENNY  
Address: 26055 TATTERSALL LN.  
City-St-Zip: PUNTA GORDA, FL 33983

Title: TR ( ) Delete  
Name: KREFT, DARLENE  
Address: 3260 DEPEW  
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: D ( ) Delete  
Name: ECKER, MICHAEL  
Address: 810 BRENDA CT.  
City-St-Zip: PUNTA GORDA, FL 33950

Title: D ( ) Delete  
Name: MARTIN, DIANE  
Address: 10050 WINDING RIVER ROAD  
City-St-Zip: PUNTA GORDA, FL 33950

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition  
Name: HOWES, JEN  
Address: 791 HALLEYBURY  
City-St-Zip: PORT CHARLOTTE, FL 33948

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

Title: D (X) Change ( ) Addition  
Name: MC ELWEE, JOE  
Address: 975 BAER AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D (X) Change ( ) Addition  
Name: GLAZIER, SHAWN  
Address: 22390 WALTON AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33952

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: CHRISTOPHER T. BIRDSALL

PD

02/10/2009

Electronic Signature of Signing Officer or Director

Date