

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004982

Entity Name: CHARLOTTE THUNDER BASEBALL LEAGUE, INC.**Current Principal Place of Business:**21069 RIDDLE AVE
PT CHARLOTTE, FL 33954**Current Mailing Address:**21069 RIDDLE AVE
PT CHARLOTTE, FL 33954**FEI Number:** 20-2837276**Certificate of Status Desired:** No**Name and Address of Current 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**Officer/Director Detail :**

Title	PD
Name	BIRDSALL, CHRISTOPHER T
Address	21069 RIDDLE AVENUE
City-State-Zip:	PORT CHARLOTTE FL 33954

Title	VP
Name	BIRDSALL, THOMAS L
Address	21069 RIDDLE AVENUE
City-State-Zip:	PORT CHARLOTTE FL 33954

Title	S
Name	BUBB, KIM
Address	4357 WISCHAMPER ST
City-State-Zip:	PORT CHARLOTTE FL 33952

Title	TR
Name	DOOLITTLE, CRISTINA
Address	18813 LAKEWORTH BLVD
City-State-Zip:	PORT CHARLOTTE FL 33950

Title	D
Name	DIEMER, CHRIS
Address	1413 ALLENSWORTH
City-State-Zip:	PORT CHARLOTTE FL 33980

Title	D
Name	SALAZAR, JORGE
Address	3612 CHIRON
City-State-Zip:	NORTH PORT FL 34286

Title	DIRECTOR
Name	KHAILO, DAVID
Address	343 BOWMAN TERRACE
City-State-Zip:	PORT CHARLOTTE FL 33950

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER T. BIRDSALL**PRESIDENT****04/30/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date