

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # 706992 1. Entity Name SEMINOLE BASEBALL, INC.	
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Principal Place of Business 1420 SR 419 WINTER SPRINGS FL 32708	Mailing Address P.O. BOX 180662 CASSELBERRY FL 32718
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MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-2721180	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROY, DAVE 145 E TRADMINDS RD WINTER SPRINGS FL 32702	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PD ROY, DAVE <input type="checkbox"/> Delete
NAME	1451 E. TRADEWINDS RD.
STREET ADDRESS	WINTER SPRINGS FL 32708
CITY - ST - ZIP	
TITLE	VPD LAWRENCE, JAMES <input type="checkbox"/> Delete
NAME	1393 LA PALOMA CIR
STREET ADDRESS	WINTER SPRINGS FL 32708
CITY - ST - ZIP	
TITLE	S IRIGUYEN, LAURA <input type="checkbox"/> Delete
NAME	102 BORADA ROAD
STREET ADDRESS	SANFORD FL 32773
CITY - ST - ZIP	
TITLE	GRANGER SCOTT, TERESA K <input type="checkbox"/> Delete
NAME	P O BOX 1377
STREET ADDRESS	GENEVA FL 32732
CITY - ST - ZIP	
TITLE	ZVPD HAGGERMAN, MARK <input type="checkbox"/> Delete
NAME	254 LESLIE LANE
STREET ADDRESS	LAKE MARY FL 32746
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000084808
STREET ADDRESS	03/11/04-80022-018 70.00
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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: _____ *03-08-04*