## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNATURE:

## Mar 04, 2005 8:00 am **Secretary of State DOCUMENT # 706992** 1. Entity Name 03-04-2005 90083 038 \*\*\*\*70.00 SEMINOLE BASEBALL, INC. Principal Place of Business Mailing Address 1425 SR 419 40026363 P.O. BOX 180662 CASSELBERRY FL 32718 WINTER SPRINGS FL 32708 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-2721180 Not Applicable Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROY, DAVE 145 E TRADMINDS RD Street Address (P.O. Box Number is Not Acceptable) WINTER SPRINGS FL 32702 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11. TAVE ROT Change TITLE Delete TITLE Addition ROY, DAVE NAME NAME 1451 E. TRADEWINDS RD. STREET ADDRESS STREET ADDRESS WINTER SPRINGS FL 32708 Wints Span Pt 32708 CITY-ST-7/P CITY-ST-ZLP VPD TITLE TITLE Tomes con sauce ☐ Addition LAWRENCE, JAMES NAME NAME 1393 CAPATOMA CIN 1393 LA PALOMA CIR STREET ADDRESS STREET ADDRESS JAMES BARTA BILLIANS WINTER SPRINGS FL 32708 CITY-ST-ZIP CITY-ST-ZIP TITLE Sec TITLE Addition NAME IRIGUYEN, LAURA NAME ' 102 BORADA ROAD STREET ADDRESS STREET ADDRESS SANFORD FL 32773 CITY-ST-7IP CITY-ST-7IP Delete TITLE TITLE ☐ Change ■ Addition GRANGER SCOTT, TERESA K NAME NAME P O BOX 1377 STREET ADDRESS STREET ADDRESS **GENEVA FL 32732** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition HAGGERMAN, MARK NAME NAME 254 LESLIE LANE STREET ADDRESS STREET ADDRESS LAKE MARY FL 32746 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS 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 trystee/empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED