


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90024 014 \*\*\*\*61.25

**DOCUMENT # 717069**

1. Entity Name  
**THE FLORIDA STATE LEAGUE OF PROFESSIONAL BASEBALL CLUBS, INC.**



Principal Place of Business 103 E. ORANGE AVE. P.O. BOX 349 DAYTONA BEACH, FL 32115	Mailing Address 103 E. ORANGE AVE. P.O. BOX 349 DAYTONA BEACH, FL 32115
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**66413813**



01102004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-0248215	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURPHY, CHARLES K  
 103 E. ORANGE AVE.  
 DAYTONA BEACH, FL 32115

**DO NOT WRITE IN THIS SPACE**

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: Charles K. Murphy DATE: 1/20/2004

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTC MURPHY, CHARLES K 103 E. ORANGE AVE DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARSON, KEN 103 E. ORANGE AVE. DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOOD, C D 103 E ORANGE AVE DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RABENECKER, ROBERT 103 E ORANGE AVE DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Charles K. Murphy DATE: 1/15/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**CHARLES K MURPHY**