
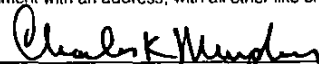


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90049 033 ****61.25

| | | | | | |
|---|--------------------|---|--|---|--|
| DOCUMENT # 717069 | | | |  | |
| 1. Entity Name THE FLORIDA STATE LEAGUE OF PROFESSIONAL BASEBALL CLUBS, INC. | | | | | |
| Principal Place of Business 103 E. ORANGE AVE. 115 E ORANGE AVE P.O. BOX 349 DAYTONA BEACH, FL 32114 4 | | Mailing Address 103 E. ORANGE AVE. 115 E ORANGE AVE P.O. BOX 349 DAYTONA BEACH, FL 32114 4 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip | | | |
| | | 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. 115 E ORANGE AVE DAYTONA BEACH, FL 32114 DAYTONA BEACH FL 32114 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$81.25 Due by May 1, 2005 | | 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 | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PTC | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MURPHY, CHARLES K | | NAME | | |
| STREET ADDRESS | 103 E. ORANGE AVE | | STREET ADDRESS | 115 E ORANGE AVE | |
| CITY-ST-ZIP | DAYTONA BEACH, FL | | CITY-ST-ZIP | DAYTONA BEACH FL 32114 | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARSON, KEN | | NAME | | |
| STREET ADDRESS | 103 E. ORANGE AVE. | | STREET ADDRESS | 115 E ORANGE AVE | |
| CITY-ST-ZIP | DAYTONA BEACH, FL | | CITY-ST-ZIP | DAYTONA BEACH FL 32114 | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HOOD, C D | | NAME | | |
| STREET ADDRESS | 103 E ORANGE AVE | | STREET ADDRESS | 115 E ORANGE AVE | |
| CITY-ST-ZIP | DAYTONA BEACH, FL | | CITY-ST-ZIP | DAYTONA BEACH FL 32114 | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RABENECKER, ROBERT | | NAME | | |
| STREET ADDRESS | 103 E ORANGE AVE | | STREET ADDRESS | 115 E ORANGE AVE | |
| CITY-ST-ZIP | DAYTONA BEACH, FL | | CITY-ST-ZIP | DAYTONA BEACH FL 32114 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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:  | | | Date: 2/16/05 | | Daytime Phone #: 386.252.7479 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: CHARLES K. MURPHY | | | | | |

50030618



02162005 Chg-NP CR2E037 (10/03)