


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 717711 1. Entity Name THE GULF COAST LEAGUE OF PROFESSIONAL BASEBALL CLUBS, INC.			
Principal Place of Business 1503 CLOWER CREEK DR. #H262 SARASOTA FL 34231-8915 US		Mailing Address 1503 CLOWER CREEK DR. #H-262 SARASOTA FL 34231-8915 US	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
		1st MOORE CR2E037 (10/05)	
		4. FEI Number 59-1914978 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional	
6. Name and Address of Current Registered Agent SAFFELL, THOMAS J PST 1503 CLOWER CREEK DR. H-262 SARASOTA FL 34231		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add 02/06/06-80022-009 61.25
NAME	SAFFELL, THOMAS J	NAME	
STREET ADDRESS	1503 CLOWER CREEK DR	STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34231	CITY - ST - ZIP	
TITLE	PDT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SAFFELL, THOMAS J.	NAME	
STREET ADDRESS	1503 CLOWER CREEK DR.	STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34231	CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	NOWORYTA, STEVE	NAME	
STREET ADDRESS	BOX 7575	STREET ADDRESS	
CITY - ST - ZIP	PHILADELPHIA PA 19101	CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	RANTZ, JIM	NAME	
STREET ADDRESS	34 KIRBY PUCKETT PALCE	STREET ADDRESS	
CITY - ST - ZIP	MINNEAPOLIS MN 55415	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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"/> Add
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 exemptions contained in Section 119, 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: <u>Thomas J. Saffell</u> (Thomas J. Saffell)		1-24-06 941-966-64	