2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Mar 22, 2007 08:00 A DOCUMENT # 717711 1. Entity Name Secretary of State THE GULF COAST LEAGUE OF PROFESSIONAL BASEBALL CLUBS, INC. Mailing Address Principal Place of Business 1503 CLOWER CREEK DR. 1503 CLOWER CREEK DR. #H-262 #H262 SARASOTA FL 34231-8915 SARASOTA FL 34231-8915 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, etc 1st MOORE CR2E037 (10/06) City & State 4. FEI Number Applied For City & State 59-1914978 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Dosired\_ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SAFFELL, THOMAS J PST Street Address (P.O. Box Number is Not Acceptable) 1503 CLOWER CREEK DR. H-262 SARASOTA FL 34231 Zip Code City 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 Signature, typed or printed name of registered agent and title 4 applicable Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees Due By May 1, 2007 State State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Срапое ☐ Addition ☐ Delele TITLE TITLE NAME NAME. SAFFELL, THOMAS J U000000676780 STREET ADDRESS STREET LADDRESS 1503 CLOWER CREEK DR 03/30/07-80075-006 61.25 CITY+SI-ZIP SARASOTA FL 34231 CITY-ST-ZIP Change Addition ☐ Delete TIME BBC NAME SAFFELL, THOMAS J. STRUET ADDRESS STREET LADORESS 1503 CLOWER CREEK DR. CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 Delete Change ☐ Addition mu NAME. NAME NOWORYTA, STEVE STREET ADDRESS STREET ADDRESS **BOX 7575** CHY-ST-7/P CITY-ST-7IP PHILADELPHIA PA 19101 Change ☐ Addition ☐ Detele HILE VD NAME: NAME RANTZ, JIM STREET ADDRESS STREET ADDRESS 34 KIRBY PUCKETT PALCE CHY-ST-ZIP CITY-S1-ZIP MINNEAPOLIS MN 55415 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-7IP Change ☐ Addition TOTE ☐ Delete TITLE NAME NAME STREET ADDRESS STRUET ADDRESS

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 eath; that I am an efficer 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Thomas & Saffell

3-20-07

941-966-6407