


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 717711 1. Entity Name THE GULF COAST LEAGUE OF PROFESSIONAL BASEBALL CLUBS, INC.	
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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
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FILED
Jul 17, 2008 08:00 AM
Secretary of State



07072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1914978	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 SAFFELL, THOMAS J PST 1503 CLOWER CREEK DR. H-262 SARASOTA, FL 34231
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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) DATE _____

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000955410 07/17/08-80002-009 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAFFELL, THOMAS J 1503 CLOWER CREEK DR SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT SAFFELL, THOMAS J. 1503 CLOWER CREEK DR. SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NOWORYTA, STEVE BOX 7575 PHILADELPHIA, PA 19101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RANTZ, JIM 34 KIRBY PUCKETT PALCE MINNEAPOLIS, MN 55415
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 exemptions contained in Chapter 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: *Thomas J Saffell* **7-14-08** **941-966-6407**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #