2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2009
Secretary of State

DOCUMENT# 717711

Entity Name: THE GULF COAST LEAGUE OF PROFESSIONAL BASEBALL CLUBS, INC.

Current Principal Place of Business:

1503 CLOWER CREEK DR.
#H262
SARASOTA, FL 342318915 US

New Principal Place of Business:

Current Mailing Address:

1503 CLOWER CREEK DR.
#H-262
SARASOTA, FL 342318915 US

New Mailing Address:

FEI Number: 59-1914978 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAFFELL, THOMAS J PST
1503 CLOWER CREEK DR.
H-262
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: SAFFELL, THOMAS J,
Address: 1503 CLOWER CREEK DR
City-St-Zip: SARASOTA, FL 34231

Title: PDT ( ) Delete
Name: SAFFELL, THOMAS J.,
Address: 1503 CLOWER CREEK DR.
City-St-Zip: SARASOTA, FL 34231

Title: VD ( ) Delete
Name: NOWORYTA, STEVE
Address: BOX 7575
City-St-Zip: PHILADELPHIA, PA 19101

Title: VD ( ) Delete
Name: RANTZ, JIM
Address: 34 KIRBY PUCKETT PALCE
City-St-Zip: MINNEAPOLIS, MN 55415

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS J. SAFFELL PRES 02/20/2009

Electronic Signature of Signing Officer or Director — Date