2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754752

FILED Apr 17, 2005 Secretary of State

Entity Name: CORAL SPRINGS WINTER BASEBALL, INC.

Current Principal Place of Business: New Principal Place of Business: 405 NW 108TH AVE. CORAL SPRINGS, FL 33071 **Current Mailing Address: New Mailing Address:** 405 NW 108TH AVE CORAL SPRINGS, FL 33071 FEI Number: 65-0269253 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VITTA, LOU 405 NW 108TH AVE. CORAL SPGS, FL 33071 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition VITTA, CAROLYN Name: Name: 405 NW 108 AVE. Address: Address: City-St-Zip: CORAL SPRINGS, FL 33071 City-St-Zip: Title: () Delete Title: () Change () Addition SILVA, KENNETH Name: Name: Address: 8312 NW 44TH ST. Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: Title: () Delete Title: () Change () Addition SILVA, LINDA Name: Name: Address: 8312 NW 44 ST Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: () Delete Title: DP Title: () Change () Addition VITTA, LOU Name: Name: Address: 405 N.W. 108TH DR Address: City-St-Zip: CORAL SPRINGS, FL 33071 City-St-Zip: Title: DVP () Delete Title: (X) Change () Addition KORDAS, STACEY STRAVINO, ANTHONY Name: Name: 5360 NW 119 TER 10360 NW 52 ST Address: Address: City-St-Zip: CORAL SPRINGS, FL 33076 City-St-Zip: CORAL SPRINGS, FL 33076 Title: () Delete Title: () Change () Addition SHANTZ, DAVID Name: Name: Address: 10885 NW 21 ST Address: CORAL SPRINGS, FL 33071 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LOUIS VITTA DP 04/17/2005