2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007
Secretary of State

DOCUMENT# 754752

Entity Name: CORAL SPRINGS WINTER BASEBALL, INC.

Current Principal Place of Business:

405 NW 108TH AVE.
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

405 NW 108TH AVE.
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 65-0269253 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VITTA, LOU
405 NW 108TH AVE.
CORAL SPGS, FL 33071 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:	D	( ) Delete
Name:	MILES, KENT	
Address:	4111 NW 81 TERR	
City-St-Zip:	CORAL SPRINGS, FL 33065	
Title:	D	( ) Delete
Name:	SILVA, KENNETH	
Address:	8312 NW 44TH ST.	
City-St-Zip:	CORAL SPRINGS, FL 33065	
Title:	D	( ) Delete
Name:	SILVA, LINDA	
Address:	8312 NW 44 ST	
City-St-Zip:	CORAL SPRINGS, FL 33065	
Title:	DP	( ) Delete
Name:	VITTA, LOU	
Address:	405 N.W. 108TH DR	
City-St-Zip:	CORAL SPRINGS, FL 33071	
Title:	DVP	( ) Delete
Name:	WATKINS, THOMAS	
Address:	4822 NW 122 TERR	
City-St-Zip:	CORAL SPRINGS, FL 33067	
Title:	D	( ) Delete
Name:	SHANTZ, DAVID	
Address:	10885 NW 21 ST	
City-St-Zip:	CORAL SPRINGS, FL 33071	

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:	
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 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: LOU VITTA PRES 04/17/2007

Electronic Signature of Signing Officer or Director — Date