

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754752

FILED
Apr 20, 2009
Secretary of State

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 ()

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 (X) Delete
Name: BOSSERT, ANDREW
Address: 10885 NW 21 ST
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BOSSERT, ANDREW
Address: 10885 NW 21 ST
City-St-Zip: CORAL SPRINGS, FL 33071

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

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

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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: LOUIS VITTA

DP

04/20/2009

Electronic Signature of Signing Officer or Director

Date