

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850596

FILED
Jan 04, 2006
Secretary of State

Entity Name: THE SOUTHERN LEAGUE OF PROFESSIONAL BASEBALL CLUBS INC.

Current Principal Place of Business:

2551 ROSWELL RD
STE 330
MARIETTA, GA 30062 US

New Principal Place of Business:

Current Mailing Address:

2551 ROSWELL RD
STE 330
MARIETTA, GA 30062 US

New Mailing Address:

FEI Number: 57-0286844

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAGAN, PETER D
C/O JACKSONVILLE SUNS
301 A. PHILIP RANDOLPH BLVD.
JACKSONVILLE, FL 32202 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: PRES () Delete
Name: MINCHER, DON
Address: 2551 ROSWELL ROAD, SUITE 330
City-St-Zip: MARIETTA, GA 30062

Title: VP () Delete
Name: DESALVO, STEVE
Address: 226 ST. PAUL STREET
City-St-Zip: PEARL, MS 39208

Title: D () Delete
Name: BRAGAN, PETER D, JR.
Address: 301 A. PHILIP RANDOLPH BLVD.
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: BRYANT, STEVE
Address: 7221 BECKY CIR
City-St-Zip: RALEIGH, NC 27615

Title: D () Delete
Name: BURKE, FRANK
Address: C/O HISTORIC ENGEL STADIUM 1130 E 3RD ST
City-St-Zip: CHATTANOOGA, TN 37403

Title: T () Delete
Name: WEBB, LORI M
Address: 2551 ROSWELL ROAD, SUITE 330
City-St-Zip: MARIETTA, GA 30062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: DESALVO, STEVE
Address: ONE BRAVES WAY
City-St-Zip: PEARL, MS 39208

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

Title: D (X) Change () Addition
Name: BRYANT, STEVE
Address: 1501 NC HWY. 39
City-St-Zip: ZEBULON, NC 27597

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: LORI M. WEBB

TREA

01/04/2006

Electronic Signature of Signing Officer or Director

Date