2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004
Secretary of State

DOCUMENT# N00000002816

Entity Name: CAPE CORAL CRUSADER AAU BASEBALL, INC.

Current Principal Place of Business:

1533 SW 57TH STREET
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

1533 SW 57TH STREET
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 65-1008654 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, SCOTT T SR
1533 SW 57TH STREET
CAPE CORAL, FL 33914 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: HOWELL, SHANE SECRET
Address: 124 SE 13TH PLACE
City-St-Zip: CAPE CORAL, FL 33990

Title: D ( ) Delete
Name: BROWN, LINDA G VP
Address: 1212 SE 5TH TERRACE
City-St-Zip: CAPE CORAL, FL 33990

Title: D ( ) Delete
Name: BROWN, SCOTT T PRES
Address: 1212 SE 5TH TERRACE
City-St-Zip: CAPE CORAL, FL 33990

Title: D ( ) Delete
Name: PAVY, RICKSON DIR
Address: 13481 FERNTRAIL DRIVE
City-St-Zip: N FT MYERS, FL 33903

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 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: SCOTT T BROWN SR O 04/19/2004
Electronic Signature of Signing Officer or Director — Date