2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006771

Address:

City-St-Zip:

P.O. BOX 1512

BARTOW, FL 33831

RARTOM/ DIXIE RASERALL INC

FILED Jan 14, 2009 Secretary of State

Entity Na	me: BARTO\	W DIXIE BASEBALL, INC.,					
Current P	rincipal Plac	e of Business:	New Princ	New Principal Place of Business:			
	ORAL AVENI , FL 33830	UE					
Current N	lailing Addre	ss:	New Maili	New Mailing Address:			
P.O. BOX BARTOW	1512 , FL 3383115	12					
FEI Number	: 59-3671366	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired	1()	
Name and	d Address of	Current Registered Agent:	Name and	Address of	New Registered Agent:		
WILLIAMS 850 CR 55 BARTOW		US					
	e named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered	office or registered agent, o	or both,	
SIGNATUI	RE:						
		nic Signature of Registered Ag	ent		Date		
OFFICER	S AND DIREC	CTORS:	ADDITION	IS/CHANGE	S TO OFFICERS AND DIR	ECTORS	
Title: Name: Address: City-St-Zip:	VPD (TAMAYO, JOH P.O. BOX 151 BARTOW, FL	2	Title: Name: Address: City-St-Zip:	(() Change () Addition		
Title: Name: Address: City-St-Zip:	VD (BASWELL, DE P.O. BOX 151 BARTOW, FL	2	Title: Name: Address: City-St-Zip:	VD RHODEN, GF P.O. BOX 15 BARTOW, FL	12		
Title: Name: Address: City-St-Zip:	T (HASTINGS, KI P.O. BOX 151 BARTOW, FL	2	Title: Name: Address: City-St-Zip:	(() Change () Addition		
Title: Name: Address: City-St-Zip:	P (HUDSON, KIM P.O. BOX 151 BARTOW, FL	2	Title: Name: Address: City-St-Zip:	(() Change () Addition		
Title: Name:	SD (SLOAN, JULIE) Delete	Title: Name:	(() Change () Addition		

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.

Address:

City-St-Zip:

SIGNATURE: KEN HASTINGS T 01/14/2009