2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005
Secretary of State

DOCUMENT# N01000000591

Entity Name: NORTH CENTRAL FLORIDA BASEBALL ASSOCIATION, INC.

Current Principal Place of Business:

5503 SW 92ND WAY
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

5503 SW 92ND WAY
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 59-3702730 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

THOMAS, TIMOTHY
6232 NW 33RD TERR
GAINESVILLE, FL 32653 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: S ( ) Delete
Name: MYERS, LESLEY
Address: 5503 SW 925 WAY
City-St-Zip: GAINESVILLE, FL 32608

Title: PTD ( ) Delete
Name: MYERS, EDWARD
Address: 5503 SW 92D WAY
City-St-Zip: GAINESVILLE, FL 32606

Title: D (X) Delete
Name: KAUTZ, RICHARD
Address: 7010 SW 75 ST
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Delete
Name: WILDE, DAN
Address: 9512 SW 34 LN
City-St-Zip: GAINESVILLE, FL 32608

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: EDWARD B. MYERS PTD 02/03/2005
Electronic Signature of Signing Officer or Director — Date