

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005237

FILED
Apr 11, 2004
Secretary of State**Entity Name:** CORAL SPRINGS PIRATES BASEBALL CLUB, INC.**Current Principal Place of Business:**10045 NW 54TH PL.
CORAL SPRINGS, FL 33076**New Principal Place of Business:****Current Mailing Address:**10045 NW 54TH PL.
CORAL SPRINGS, FL 33076**New Mailing Address:****FEI Number:** 65-1139170**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PAYTON, ALAN
10045 NW 54TH PL.
CORAL SPRINGS, FL 33076**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:** PD () Delete
Name: PAYTON, ALAN
Address: 10045 NW 54TH PL.
City-St-Zip: CORAL SPRINGS, FL 33076**Title:** VD () Delete
Name: PITTS, JAY
Address: 8122 NW 53RD CT.
City-St-Zip: CORAL SPRINGS, FL 33067**Title:** TD () Delete
Name: FARBER, BARRY
Address: 9101 NW 50TH CT.
City-St-Zip: CORAL SPRINGS, FL 33067**Title:** SD () Delete
Name: ROBERTSON, LORI
Address: 10031 NW 16TH ST.
City-St-Zip: CORAL SPRINGS, FL 33071**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: ALAN PAYTON

PD

04/11/2004

Electronic Signature of Signing Officer or Director_____
Date