


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000006198
1. Entity Name
4 CORNERS BASEBALL, INC.



Principal Place of Business: **527 MAIN ST WINDERMERE FL 34786**
Mailing Address: **P.O. BOX 135 WINDERMERE FL 34786**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
City & State: _____

Zip: _____ Country: _____
Zip: _____ Country: _____



MOORE CR2E037 (11/03)

4. FEI Number: **59-3693572**
Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**KARR, THOMAS J JR
527 MAIN ST
WINDERMERE FL 34786**

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ FL Zip Code: _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees | **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: KARR, TAMI STREET ADDRESS: 527 MAIN ST CITY-ST-ZIP: WINDERMERE FL 34786	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000029939 02/04/04-80088-008 61.25
TITLE: _____ NAME: KARR, THOMAS K JR STREET ADDRESS: 527 MAIN ST CITY-ST-ZIP: WINDERMERE FL 34786	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: LOWE, JERRY T STREET ADDRESS: 1020 OAKDALE CITY-ST-ZIP: WINDERMERE FL 34786	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: REESE, TERRY STREET ADDRESS: 7307 FORESTWOOD COURT CITY-ST-ZIP: ORLANDO FL 32835	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: HARTMAN, MIKE STREET ADDRESS: 11355 ARBORSIDE BEND WAY CITY-ST-ZIP: WINDERMERE FL 34786	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: PAPE, THOMAS STREET ADDRESS: 3871 WINDING LAKE CIRCLE CITY-ST-ZIP: ORLANDO FL 32835	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____