


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000007231
 1. Entity Name
RAVENS BASEBALL CLUB INC.



Principal Place of Business Mailing Address
 1107 W. ADALEE ST. 1107 W. ADALEE ST.
 TAMPA FL 33603 TAMPA FL 33603



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/05)
 4. FEI Number **59-3758922** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FAEDO, ORLANDO L
1107 W. ADALEE ST.
TAMPA FL 33603

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 file if applicable (NOTE: Registered Agent signature required when reappointing)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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		
TITLE	D	<input type="checkbox"/> Delete
NAME	FAEDO, ORLANDO L D	
STREET ADDRESS	1107 W. ADALEE ST.	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRAUTIGAM, JOSEPH E T	
STREET ADDRESS	7211 N CORTEZ AVE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	T	<input type="checkbox"/> Delete
NAME	PRIEDE, ANDREW R T	
STREET ADDRESS	7536 N DALE MABRY	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 employees.