

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000708

FILED
Sep 03, 2007
Secretary of State

Entity Name: CANTONMENT BASEBALL CLUB, INC.

Current Principal Place of Business:

WELL LINE ROAD
CANTONMENT, FL 32533

New Principal Place of Business:

Current Mailing Address:

P O BOX 364
CANTONMENT, FL 32533

New Mailing Address:

FEI Number: 30-0032215 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SMITH, MELISSA L
1325 PHALROSE LANE
CANTONMENT, FL 32533 US

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: P () Delete
Name: SMITH, JEFF
Address: 151 COUNTRY HILLS DRIVE
City-St-Zip: MOLINO, FL

Title: VP () Delete
Name: HUNTER, EDDIE
Address: 241 DEERFOOT LANE
City-St-Zip: MOLINO, FL

Title: SEC () Delete
Name: BROWN, TONYA
Address: 6301 CHESTNUT
City-St-Zip: MOLINO, FL

Title: TREA () Delete
Name: SMITH, MELISSA
Address: 1325 PHALROSE LANE
City-St-Zip: CANT, FL 32533

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 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.

SIGNATURE: MELISSA SMITH

TREA

09/03/2007

Electronic Signature of Signing Officer or Director

Date