


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 11, 2008 8:00 am**  
**Secretary of State**

08-11-2008 90120 011 \*\*\*\*61.25

<b>DOCUMENT # N02000000708</b> 1. Entity Name <b>CANTONMENT BASEBALL CLUB, INC.</b>					
Principal Place of Business <b>WELL LINE ROAD</b> <b>CANTONMENT, FL 32533</b>			Mailing Address <b>P O BOX 364</b> <b>CANTONMENT, FL 32533</b>		
2. Principal Place of Business - No P.O. Box # <b>681 Well Line Rd</b>		3. Mailing Address <b>PO BOX 364</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Cantonment FL</b>		City & State <b>Cantonment FL</b>			
Zip <b>32533</b>		Country		Zip <b>32533</b>	
Country		Country			
4. FEI Number <b>30-0032215</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>SMITH, MELISSA L</b> <b>1325 PHALROSE LANE</b> <b>CANTONMENT, FL 32533</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <u>Melissa Smith Treasurer</u> <span style="float: right;">7/30/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SMITH, JEFF</b> <input type="checkbox"/> Delete <b>151 COUNTRY HILLS DRIVE</b> <b>MOLINO, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Delete <b>HUNTER, EDDIE</b> <b>241 DEERFOOT LANE</b> <b>MOLINO, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Mike Norton</b> <b>Gonzalez Park</b> <b>Cantonment FL 32533</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC</b> <input checked="" type="checkbox"/> Delete <b>BROWN, TONYA</b> <b>6301 CHESTNUT</b> <b>MOLINO, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>See</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Lynne Waldrup</b> <b>Williams Ditch</b> <b>Cantonment FL 32533</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>TREA</b> <b>SMITH, MELISSA</b> <b>1325 PHALROSE LANE</b> <b>CANT, FL 32533</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 exemptions contained 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 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: <u>Melissa Smith</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>7/30/08</b>		Daytime Phone # <b>850-968-0944</b>