

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90010 027 ****61.25

DOCUMENT # N02000000722

1. Entity Name
CENTRAL FLORIDA BOMB SQUAD BASEBALL, INC.



Principal Place of Business
**C/O LEE A SILER
627 ESTATES PLACE
LONGWOOD, FL 32779**

Mailing Address
**C/O LEE A SILER
627 ESTATES PLACE
LONGWOOD, FL 32779**

44049949



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07082004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
04-3598460

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SILER, LEE A
C/O LEE A SILER
627 ESTATES PLACE
LONGWOOD, FL 32779**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reselecting)

DATE

**Filing Fee is \$61.25
Due by September 6, 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
STREET ADDRESS
CITY-STATE-ZIP
**PO
SILER, LEE A
627 ESTATES PLACE
LONGWOOD, FL 32779** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**VD
BARTH, JAMES
1214 SUNSHINE TREE BLVD
LONGWOOD, FL 32779** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**STD
SILER, DORA L
627 ESTATES PLACE
LONGWOOD, FL 32779** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
DYDO, MICHAEL
2302 BABBITT AVENUE
ORLANDO, FL 32833** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
STAHOVIAK, BARRY
380 CYPRESS KNEE LANE
LAKE MARY, FL 32746** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**Mary Sams
1941 Palm Vista Drive
Apopka, FL 32712** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**Bruce Cole
1563 Carrington Ave
Winter Springs, FL 32708** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

7-30-04 407-830-780

Date

Daytime Phone #