


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90014 016 \*\*\*\*61.25

<b>DOCUMENT # N02000002580</b> 1. Entity Name <b>LAKE REGION THUNDER BASEBALL CLUB, INC.</b>					
Principal Place of Business <b>134 BOXWOOD DRIVE DAVENPORT, FL 33837</b>			Mailing Address <b>134 BOXWOOD DRIVE DAVENPORT, FL 33837</b>		
2. Principal Place of Business <b>2557 PARTRIDGE DR</b> Suite, Apt. #, etc.			3. Mailing Address <b>2557 PARTRIDGE DR</b> Suite, Apt. #, etc.		
City & State <b>WINTER HAVEN FL</b>			City & State <b>WINTER HAVEN FL</b>		
Zip <b>33884</b>	Country <b>US</b>	Zip <b>33884</b>	Country <b>US</b>	4. FEI Number <b>01-0654240</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>MOUTON, RUSSEL L II 134 BOXWOOD DRIVE DAVENPORT, FL 33837</b>				7. Name and Address of New Registered Agent Name <b>SHERRI L MACKLIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>2557 PARTRIDGE DR</b> City <b>WINTER HAVEN FL</b> Zip Code <b>33884</b>	
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 <i>[Signature]</i> <b>SHERRI L. MACKLIN</b>				DATE <b>1/7/05</b>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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-ST-ZIP	P/D <b>MANCINI, JOSEPH A</b> <b>1111 INTERLOCHEN BLVD.</b> <b>WINTER HAVEN, FL 33884</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <b>WARREN, RONALD T</b> <b>617 OAK AVENUE</b> <b>EAGLE LAKE, FL 33839</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D <b>RICHARDSON, TIMOTHY W</b> <b>832 WHISPER LAKE DRIVE</b> <b>WINTER HAVEN, FL 33880</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D <b>MOUTON, RUSSEL L II</b> <b>134 BOXWOOD DRIVE</b> <b>DAVENPORT, FL 33837</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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 exemption stated in Section 119.07(3)(f), 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: <i>[Signature]</i> <b>SHERRI L. MACKLIN</b>			Date <b>1/7/05</b>		
DAYTIME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # <b>863-291-6378</b>		

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