


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90087 028 \*\*\*\*61.25

<b>DOCUMENT # N02000003176</b> 1. Entity Name <b>SOUTHPORT BASEBALL CLUB, INC.</b>					
Principal Place of Business <b>2120 BALLPARK RD. SOUTHPORT, FL 32409</b>			Mailing Address <b>P. O. BOX 8110 SOUTHPORT, FL 32409</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>GOODWIN, SCOTT 2011 GERALO LANE LYNN HAVEN, FL 32444</b>				7. Name and Address of New Registered Agent Name <b>Michael E. White</b> Street Address (P.O. Box Number is Not Acceptable) <b>4024 Kirkpatrick Rd.</b> City <b>Southport</b> <b>FL</b> Zip Code <b>32409</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 <u><i>Michael E. White</i></u> <span style="float: right;">1/25/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
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	P GOODWIN, SCOTT 2011 GERALO LANE LYNN HAVEN, FL 32444	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Michael E. White 4024 Kirkpatrick Rd Southport, FL 32409	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HICKS, DAVID 2102 CORAL DRIVE LYNN HAVEN, FL 32444	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Scott Juggs 6019 Stephens Drive Panama City, FL 32405	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STANFORD, ALLEN 7136 EVEREST STREET PANAMA CITY, FL 32404	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Mike Atkins 7103 Hwy 77A Southport, FL 32409	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOODWIN, TAMMY 2011 GERALO LANE LYNN HAVEN, FL 32444	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President David Horton 134 Christie Ln. Panama City, FL 32404	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROWELL, NICK P. O. BOX 8180 SOUTHPORT, FL 32409	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Dan Sullivan 8144 S. Mcann Rd. Southport, FL 32407	<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	Secretary Kyle Rowell 327 Arcam Pond Rd Panama City, FL 32409	<input type="checkbox"/> Change <input checked="" 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.					
<b>SIGNATURE:</b> <u><i>Michael E. White</i></u>			1/25/07 <span style="float: right;">(850) 265-3631 (w)</span> <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

40009797



01252007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**06-3260956**  
Applied For  
Not Applicable

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

(850) 814-3778 (cell)