## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000003176

City-St-Zip:

Entity Name: SOUTHPORT BASEBALL CLUB, INC.

FILED Mar 29, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2120 BALLPARK RD SOUTHPORT, FL 32409 **Current Mailing Address: New Mailing Address:** P. O. BOX 8110 SOUTHPORT, FL 32409 FEI Number: 06-3260956 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SULLIVAN, DAN G 8144 S. MĆCANN RD SOUTHPORT, FL 32409 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SULLIVAN, DAN G Name: Name: 8144 S. MCCANN RD. Address: Address: City-St-Zip: SOUTHPORT, FL 34209 City-St-Zip: Title: Title: () Delete () Change () Addition Name: PETTIS, MIKE Name: Address: 7103 HWY 77A Address: City-St-Zip: SOUTHPORT, FL 32409 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition HORTON, DAVID Name: JOSKER, ARIEL Name: 134 CHRISTIE LANE 10606 WINTERHILL RD. Address: Address: City-St-Zip: PANAMA CITY, FL 32404 City-St-Zip: SOUTHPORT, FL 32409 ( ) Change (X) Addition Title: () Delete Title: Name: Name: BELL, LARRY 3022 WOODYMARION DR. Address: Address: City-St-Zip: City-St-Zip: CHIPLEY, FL 32428 Title: () Delete Title: ( ) Change (X) Addition HAWKINS, DAVID Name: Name: 13732 REPPEN LANE Address: Address:

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.

City-St-Zip:

SOUTHPORT, FL 32409

SIGNATURE: DAN G. SULLIVAN P 03/29/2009