

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007808

FILED
May 14, 2007
Secretary of State

Entity Name: LEE COUNTY STING RAY BASEBALL ORG. INC.

Current Principal Place of Business:

6630 SLATER PINES DRIVE
NORTH FORT MYERS, FL 33917

New Principal Place of Business:

Current Mailing Address:

6630 SLATER PINES DRIVE
NORTH FORT MYERS, FL 33917

New Mailing Address:

FEI Number: 50-0005439 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SCHIEGNER, PAMELA W
6630 SLATER PINES DRIVE
NORTH FORT MYERS, FL 33917 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:

Title: P () Delete
Name: SCHIEGNER, GLEN H
Address: 6630 SLATER PINES DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: S () Delete
Name: SCHIEGNER, PAMELA W
Address: 6630 SLATER PINES DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: V () Delete
Name: TORR ES, ROBERT
Address: 2917 JUANTI PLACE
City-St-Zip: CAPE CORAL, FL 33909 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: GLEN H. SCHIEGNER

P

05/14/2007

Electronic Signature of Signing Officer or Director

Date