

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009873

FILED
Jun 10, 2004
Secretary of State

Entity Name: SOUTHERN DREAM BASEBALL, INC.

Current Principal Place of Business:

5469 MARANATHA WAY
PACE, FL 32571

New Principal Place of Business:

Current Mailing Address:

5469 MARANATHA WAY
PACE, FL 32571

New Mailing Address:

FEI Number: 11-3668141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LADOUCEUR, TODD
1622 N 9 AVE
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

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: DP () Delete
Name: BROOKS, BENJAMIN
Address: 5369 MORGAN RIDGE DR
City-St-Zip: MILTON, FL 32570

Title: DV () Delete
Name: CHANNELL, JEFF S
Address: 5469 MARANATHA WAY
City-St-Zip: PACE, FL 32571

Title: DST () Delete
Name: CHANNELL, KIM
Address: 5469 MARANATHA WAY
City-St-Zip: PACE, FL 32571

Title: D () Delete
Name: BAXLEY, CHARLES
Address: 6021 CURTIS RD
City-St-Zip: PACE, FL 32571

Title: D () Delete
Name: FREEMAN, PENNYE
Address: 3427 GARDENVIEW RD
City-St-Zip: PACE, FL 32571

Title: D () Delete
Name: BROOKS, NATASHA
Address: 5469 MARANATHA WAY
City-St-Zip: PACE, FL 32571

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:

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 for the exemption stated in Section 119.07(3)(i), 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: KIM CHANNELL

DST

06/10/2004

Electronic Signature of Signing Officer or Director

Date