

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90068 022 *****61.25

DOCUMENT # N02000009873

1. Entity Name
SOUTHERN DREAM BASEBALL, INC.



Principal Place of Business
**5469 MARANATHA WAY
PACE, FL 32571**

Mailing Address
**5469 MARANATHA WAY
PACE, FL 32571**

50065579



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09062005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
11-3668141

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LADOUCEUR, TODD
1622 N 9 AVE
PENSACOLA, FL 32506**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **DP** ☒ Delete
NAME **BROOKS, BENJAMIN**
STREET ADDRESS **5369 MORGAN RIDGE DR**
CITY-ST-ZIP **MILTON, FL 32570**

TITLE **D** ☐ Change ☒ Addition
NAME **Baxley, Jaci**
STREET ADDRESS **6021 Curtis Rd**
CITY-ST-ZIP **Pace, FL 32571**

TITLE **DV** ☐ Delete
NAME **CHANNELL, JEFF S**
STREET ADDRESS **5469 MARANATHA WAY**
CITY-ST-ZIP **PACE, FL 32571**

TITLE **DP** ☒ Change ☐ Addition
NAME **Channell, Jeff S**
STREET ADDRESS **5469 Maranatha Way**
CITY-ST-ZIP **Pace, FL 32571**

TITLE **DST** ☐ Delete
NAME **CHANNELL, KIM**
STREET ADDRESS **5469 MARANATHA WAY**
CITY-ST-ZIP **PACE, FL 32571**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BAXLEY, CHARLES**
STREET ADDRESS **6021 CURTIS RD**
CITY-ST-ZIP **PACE, FL 32571**

TITLE **DV** ☒ Change ☐ Addition
NAME **Baxley, Charles**
STREET ADDRESS **6021 Curtis Rd**
CITY-ST-ZIP **Pace, FL 32571**

TITLE **D** ☒ Delete
NAME **FREEMAN, PENNYE**
STREET ADDRESS **3427 GARDENVIEW RD**
CITY-ST-ZIP **PACE, FL 32571**

TITLE **D** ☐ Change ☒ Addition
NAME **Harris, Meg**
STREET ADDRESS **4341 Pace Lane**
CITY-ST-ZIP **Pace, FL 32571**

TITLE **D** ☒ Delete
NAME **BROOKS, NATASHA**
STREET ADDRESS **5469 MARANATHA WAY**
CITY-ST-ZIP **PACE, FL 32571**

TITLE **D** ☐ Change ☒ Addition
NAME **Anderson, Randy**
STREET ADDRESS **5033 Roland Rd**
CITY-ST-ZIP **Pace, FL 32571**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Kimberly Channell

Kimberly Channell 9/1/05 (850) 698-8001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #