## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000001086

Entity Name: THUNDERBOLTS BASEBALL, INC.

FILED Jul 05, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

14237 GREENTREE TRAIL WELLINGTON, FL 33414

**Current Mailing Address: New Mailing Address:** 

14237 GREENTREE TRAIL WELLINGTON, FL 33414

FEI Number: 65-1057512 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:

COATES, HOWARD K JR. % HOWARD K. COATES, JR., P.A. 14237 GREENTREE TRAIL WELLINGTON, FL 33414 US

**OFFICERS AND DIRECTORS:** 

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

() Delete COASTES, HOWARD K JR COATES, HOWARD K JR Name: Name: Address: 2255 GLADES ROAD STE 421A Address: 14237 GREENTREE TRAIL City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: WELLINGTON, FL 33414

(X) Change ( ) Addition Title: () Delete Title:

Name: COASTES, CHERI R Name: COATES, CHERI R Address: 2255 GLADES ROAD STE 421A Address: 14237 GREENTREE TRAIL City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: WELLINGTON, FL 33414

Title: () Delete Title: (X) Change ( ) Addition

VAN WAGNER, JOHN Name: VAN WAGNER, JOHN Name: 2255 GLADES ROAD STE 421A 7964 ST. ANDREWS DRIVE Address: Address: City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: LAKE WORTH, FL 33467

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: HOWARD K. COATES, JR. D 07/05/2004