2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N03000003250

Entity Name: TRI - COUNTY CHALLENGER BASEBALL, INC.

Current Principal Place of Business:

9574 LISMORE LANE
ESTERO, FL 33928

New Principal Place of Business:

Current Mailing Address:

9574 LISMORE LANE
ESTERO, FL 33928

New Mailing Address:

FEI Number: 83-0353075 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARRON, ALLAN B
9574 LISMORE LANE
ESTERO, FL 33928 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: P ( ) Delete
Name: BARRON, ALLAN
Address: 9574 LISMORE LANE
City-St-Zip: ESTERO, FL 33928

Title: V ( ) Delete
Name: SCHMITTLER, CRAIG
Address: 6400 EMERALD PINES CIRCLE
City-St-Zip: FORT MYERS, FL 33912

Title: T ( ) Delete
Name: BARRON, DEBRA
Address: 9574 LISMORE LANE
City-St-Zip: ESTERO, FL 33928

Title: S ( ) Delete
Name: JONES, TINA
Address: 8119 ALMERIA
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BARRON, ALLAN B
Address: 9574 LISMORE LANE
City-St-Zip: ESTERO, FL 33928

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: ALLAN B BARRON PRES 03/20/2009

Electronic Signature of Signing Officer or Director — Date