

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005417

FILED
Apr 30, 2008
Secretary of State

Entity Name: GULF COAST GLADIATORS BASEBALL, INC.

Current Principal Place of Business:

4931CHADS CIRCLE
PACE, FL 32571

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 2400
PACE, FL 32571

New Mailing Address:

FEI Number: 80-0096982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LADOUCEUR, TODD M
2899 GREYSTONE DRIVE
PACE, FL 32571 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: PD () Delete
Name: PRICE, ARTHUR K
Address: 4931 CHADS CIRCLE
City-St-Zip: PACE, FL 32571

Title: TD () Delete
Name: STEELMAN, LAWRENCE
Address: 3074 KILLARNEY DRIVE
City-St-Zip: PACE, FL 32571

Title: S () Delete
Name: LADOUCEUR, TODD M
Address: 2899 GREYSTONE DR
City-St-Zip: PACE, FL 32571

Title: D () Delete
Name: ISHEE, JEFF
Address: 2375 HANDY ROAD
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: LADOUCEUR, MARIA
Address: 2899 GREYSTONE DR
City-St-Zip: PACE, FL 32571

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: STEELMAN, LAWRENCE
Address: 5581 OAKMONT DRIVE
City-St-Zip: PACE, FL 32571

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: D () Change (X) Addition
Name: HAYNES, CARTER
Address: 2830 TUNNEL ROAD
City-St-Zip: PACE, FL 32571

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: LAWRENCE E. STEELMAN

TD

04/30/2008

Electronic Signature of Signing Officer or Director

Date