2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005417

Entity Name: GULF COAST GLADIATORS BASEBALL, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4931CHADS CIRCLE 2375 HANDY ROAD PACE, FL 32571 CANTONMENT, FL 32533 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 2400 PACE, FL 32571 FEI Number: 80-0096982 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: LADOUCEUR, TODD M 2899 GREYSTONE DRIVE PACE, FL 32571 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete PRICE, ARTHUR K PRICE, ARTHUR K Name: Name: 4931 CHADS CIRCLE Address: 4931 CHADS CIRCLE Address: City-St-Zip: PACE, FL 32571 City-St-Zip: PACE, FL 32571 Title: Title: (X) Change () Addition () Delete STEELMAN, LAWRENCE Name: STEELMAN, LAWRENCE Name: Address: 5581 OAKMONT DRIVE Address: 5581 OAKMONT DRIVE City-St-Zip: PACE, FL 32571 City-St-Zip: PACE, FL 32571 Title: () Delete Title: () Change () Addition LADOUCEUR, TODD M Name: Name: 2899 GREYSTONE DR Address: Address: City-St-Zip: PACE, FL 32571 City-St-Zip: () Delete Title: Title: PΩ (X) Change () Addition ISHEE, JEFF Name: Name: ISHEE, JEFF 2375 HANDY ROAD Address: Address: 2375 HANDY ROAD City-St-Zip: CANTONMENT, FL 32533 City-St-Zip: CANTONMENT, FL 32533 Title: () Delete Title: () Change () Addition LADOUCEUR, MARIA Name: Name: 2899 GREYSTONE DR Address: Address: City-St-Zip: PACE, FL 32571 City-St-Zip: Title: () Delete Title: () Change () Addition HAYNES, CARTER Name: Name: Address: 2830 TUNNEL ROAD Address: PACE, FL 32571 City-St-Zip: 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: LAWRENCE STEELMAN D 04/30/2009