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2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2005 8:00 am Secretary of State

DOCUMENT # N030000999 1. Entity Name FLORIDA BLAZE BASEBALL CLUB, INC.				75. I		0065 039 ****61.		
Principal Place of Business 220 PABLO ROAD 220 PABLO ROAD PONTE VEDRA BEACH, FL 32082 Mailing Address 220 PABLO ROAD PONTE VEDRA BEACH, FL 32082								
O Principal P	Name of Constraint	La Mailia Address						
		3. Mailing Address			BR JYNN B BYYN GOYN PSYN	#8311 84118 13111 84118 1838 18	FILES DE LEUS	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02072005	Chg-NP	CR2E037 (10/03)		
City & State		City & State		4. FEI Number 90-01087	06		oplied For	
Zip	Country	Zip	Country	5. Certificate of		\$8.75 Add	ditional	
<u> </u>	6. Name and Address of Current F	Registered Agent		7. Name and Ad	dress of New Re		<u> </u>	
			Name					
MOYE, JOHN H 220 PABLO ROAD			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
PONTEVE	EDRA BEACH, FL 32082							
			City			FL Zip Cod	e	
	named entity submits this statement for	the purpose of changing its re-	gistered office or r	registered agent, or both, i	n the State of Flor	ida. I am familiar with,	and accept	
the obligat	tions of registered agent.	•						
SIGNATURE .								
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	egistered Agent signaturi	re required when reinstating)	,	DATE		
	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2005	9. Election Campi Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees		DATE ike check payable t da Department of S		
10.	Filing Fee is \$61.25	9. Election Campa Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees	Florid	ike check payable t	tate	
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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 life empowered.

SIGNATURE: .

JHEAND TYPED OR PRINTED NAME OF SKINING OPOCER OR DIRECTOR

4/11/05

(904) 332-9911

Daytime Phone #