

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90032 040 ****70.00

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1. Entity Name
SOUTH FLORIDA GIANTS BASEBALL, INC.



Principal Place of Business
**4807 BLUE PINE CIR
LAKE WORTH, FL 33463**

Mailing Address
**4807 BLUE PINE CIR
LAKE WORTH, FL 33463**

50007197



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
02-0484195

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, MARLA
4807 BLUE PINE CIR
LAKE WORTH, FL 33463**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME UNDERWOOD, TOM ☐ Delete
STREET ADDRESS 13549 83RD LN N
CITY-ST-ZIP W PALM BCH, FL 33412

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME SMITH, TOM ☐ Delete
STREET ADDRESS 4803 BLUE PINE CIR
CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE ☒ Change ☐ Addition
NAME **4807 Blue Pine Circle**
STREET ADDRESS
CITY-ST-ZIP

TITLE DT
NAME SMITH, MARLA ☐ Delete
STREET ADDRESS 4803 BLUE PINE CIR
CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE ☒ Change ☐ Addition
NAME **4807 Blue Pine Circle**
STREET ADDRESS
CITY-ST-ZIP

TITLE DS
NAME OSBORN, LIZ ☐ Delete
STREET ADDRESS 105 CUYAHOGA RD
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 another like empowered.

SIGNATURE: *[Signature]* **TOM SMITH VD**

1-10-05

561-662-6311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #