

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005595

FILED  
Mar 20, 2006  
Secretary of State

Entity Name: SOUTH FLORIDA GIANTS BASEBALL, INC.

**Current Principal Place of Business:**

15628 63RD PL N  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

15628 63RD PL N  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

FEI Number: 02-0484195

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRAY, GAIL  
15628 63RD PL N  
LOXAHATCHEE, FL 33470 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: UNDERWOOD, TOM  
Address: 13549 83RD LN N  
City-St-Zip: W PALM BCH, FL 33412

Title: VD ( ) Delete  
Name: SMITH, TOM  
Address: 4807 BLUE PINE CIRCLE  
City-St-Zip: LAKE WORTH, FL 33463

Title: DT ( ) Delete  
Name: GRAY, GAIL  
Address: 15628 63RD PL N  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: DS ( ) Delete  
Name: OSBORN, LIZ  
Address: 105 CUYAHOGA RD  
City-St-Zip: LAKE WORTH, FL 33467

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VD (X) Change ( ) Addition  
Name: COHEN, STEPHANINE  
Address: 4807 BLUE PINE CIRCLE  
City-St-Zip: LAKE WORTH, FL 33463

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 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: GAIL GRAY

DT

03/20/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date