

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007177

FILED
Jan 11, 2005
Secretary of State

Entity Name: TREASURE COAST STORM BASEBALL INC.

Current Principal Place of Business:

7902 KENWOOD ROAD
FT. PIERCE, FL 34951

New Principal Place of Business:

Current Mailing Address:

755 17TH LANE S/W
VERO BEACH, FL 32962

New Mailing Address:

P.O. BOX 6323
VERO BEACH, FL 32961

FEI Number: 11-3723796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOMINGUEZ, RICHARD
755 17TH LANE S/W
VERO BEACH, FL 32962 US

Name and Address of New Registered Agent:

FABIANO, JOHN
P.O. BOX 6323
VERO BEACH, FL 32961 US

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: JOHN FABIANO

01/11/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, DAVID
Address: 7902 KENWOOD
City-St-Zip: FT. PIERCE, FL 34951

Title: S () Delete
Name: DOMINGUEZ, LISETTE
Address: 755 17TH LANE S/W
City-St-Zip: VERO BEACH, FL 32962

Title: T () Delete
Name: DOMINGUEZ, RICHARD
Address: 755 17TH LANE S/W
City-St-Zip: VERO BEACH, FL 32962

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: HOULE, CHRISTINE
Address: 7808 DEER PARK AVE.
City-St-Zip: FORT PIERCE, FL 34951

Title: V/T (X) Change () Addition
Name: FABIANO, JOHN
Address: 960 25TH ST. S.W.
City-St-Zip: VERO BEACH, FL 32962

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVE WILLIAMS

P

01/11/2005

Electronic Signature of Signing Officer or Director

Date