


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000011110 1. Entity Name ALTAMONTE BASEBALL CLUB, INC.	
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Principal Place of Business 837 MAGNOLIA DR ALTAMONTE SPRINGS, FL 32701	Mailing Address 837 MAGNOLIA DR ALTAMONTE SPRINGS, FL 32701
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DO NOT WRITE IN THIS SPACE



03062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 51-0530421	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PHILLIPS, DAVID
230 CROWN OAK CENTRE
LONGWOOD, FL 32750

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROM, COREY 225 NEWBURYPT AVE ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, DAVID 230 CROWN OAK CENTRE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLUSS, JODIE 225 NEWBURYPORT AVE ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALK, STEPHEN 225 NEWBURYPORT AVE ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOOFT, SHELLY 225 NEWBURYPORT AVE ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000664002
03/22/07-80027-015 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #