

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011110

FILED
Apr 13, 2009
Secretary of State

Entity Name: ALTAMONTE BASEBALL CLUB, INC.

Current Principal Place of Business:

837 MAGNOLIA DR
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

837 MAGNOLIA DR
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 51-0530421

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILLIPS, DAVID
230 CROWN OAK CENTRE
LONGWOOD, FL 32750 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: D () Delete
Name: PROM, COREY
Address: 225 NEWBURYPORT AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: PHILLIPS, DAVID
Address: 230 CROWN OAK CENTRE
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: SLUSS, JODIE
Address: 225 NEWBURYPORT AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: FALK, STEPHEN
Address: 225 NEWBURYPORT AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: NOOFT, SHELLY
Address: 225 NEWBURYPORT AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PROM, COREY
Address: 225 NEWBURYPORT AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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

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

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 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: SHELLY NOOFT

D

04/13/2009

Electronic Signature of Signing Officer or Director

Date