


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 01, 2006 8:00 am**  
**Secretary of State**

09-01-2006 90001 035 \*\*\*\*61.25

<b>DOCUMENT # N05000000945</b> 1. Entity Name <b>CLEVELAND HEIGHTS 4-BALL INVITATIONAL, INC.</b>					
Principal Place of Business <b>127 BELVEDERE E LAKELAND, FL 33803</b>			Mailing Address <b>127 BELVEDERE E LAKELAND, FL 33803</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>20-2254531</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DARBY, BEN 1202 FAIRCHILD ROAD LAKELAND, FL 33803</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BIRKNER, JOE</b> <b>150 WINDERMERE DRIVE</b> <b>LAKELAND, FL 338093361</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEFTWICH, JIM</b> <b>513 QUEENS LOOP N.</b> <b>LAKELAND, FL 33803</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DORAN, JOHN</b> <b>127 BELVEDERE E</b> <b>LAKELAND, FL 33803</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SEKVIDE, GREG</b> <b>1836 CRYSTAL LAKE DRIVE N</b> <b>LAKELAND, FL 33801</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D</b> <b>SELVIDGE, GREG</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DARBY, BEN</b> <b>1202 FAIRCHILD ROAD</b> <b>LAKELAND, FL 33803</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <u>BEN DARBY</u> BEN DARBY, DIRECTOR 8/30/06 (863)683-7400</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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