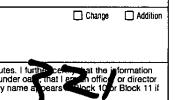
2006 NOT-FOR-PROFIT CORPORATION

Feb 06, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # N05000003476** 02-06-2006 90058 016 ****61.25 THE U.S. BLIND HORSESHOE PITCHERS ASSOCIATION, Principal Place of Business Mailing Address 395 BAYTREE DR 395 BAYTREE DR MELBOURNE, FL 32940 MELBOURNE, FL 32940 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01232006 Chg-NP CR2E037 (11/05) Applied For 4. FEI Number City & State City & State 20 - 2Not Applicable Country \$8.75 Additional Zip Country Zio 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WYANT, DENNIE R Street Address (P.O. Box Number is Not Acceptable) 395 BAYTREE DR MELBOURNE, FL 32940 City 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** Signature, byged or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Delete TITLE Change Addition TITLE WYANT, DENNIS R NAME NAME STREET ADDRESS 395 BAYTREE DR STREET ADDRESS MELBOURNE, FL 32940 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Channe C Addition NAME FELDMAN, JANE E NAME 395 BAYTREE DR STREET ADDRESS STREET ADDRESS MELBOURNE, FL 32940 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Chance ☐ Addition SMITH, DENNIS G NAME NAME STREET ADDRESS 433 BROOKVIEW DR STREET ADDRESS CITY-ST-ZIP TALLADEGA, AL 35160 CITY-ST-ZIP ☐ Detete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITI F Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I furth indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, and that my signature shall have the same legal effect as if made under oall, of the corporation or the receiper or flustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name at the corporation or the receiper or flustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name at the corporation or the receiper or flustee. or director changed, or on an attachm ith all other like empowered

SIGNATURE: A



FILED