

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003476

FILED  
Feb 07, 2007  
Secretary of State

**Entity Name:** THE U.S. BLIND HORSESHOE PITCHERS ASSOCIATION, INC.

**Current Principal Place of Business:**

395 BAYTREE DR  
MELBOURNE, FL 32940

**New Principal Place of Business:**

**Current Mailing Address:**

395 BAYTREE DR  
MELBOURNE, FL 32940

**New Mailing Address:**

**FEI Number:** 20-2398598

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WYANT, DENNIE R  
395 BAYTREE DR  
MELBOURNE, FL 32940 US

**Name and Address of New Registered Agent:**

WYANT, DENNIS R  
395 BAYTREE DR  
MELBOURNE, FL 32940 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: DENNIS WYANT

02/07/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WYANT, DENNIS R  
Address: 395 BAYTREE DR  
City-St-Zip: MELBOURNE, FL 32940

Title: D ( ) Delete  
Name: FELDMAN, JANE E  
Address: 395 BAYTREE DR  
City-St-Zip: MELBOURNE, FL 32940

Title: D ( ) Delete  
Name: SMITH, DENNIS G  
Address: 433 BROOKVIEW DR  
City-St-Zip: TALLADEGA, AL 35160

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR (X) Change ( ) Addition  
Name: WYANT, DENNIS R  
Address: 395 BAYTREE DR  
City-St-Zip: MELBOURNE, FL 32940

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 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: DENNIS WYANT

PRES

02/07/2007

Electronic Signature of Signing Officer or Director

Date