


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N05000004261</b>	
1. Entity Name CORAL SPRINGS DIAMONDS TRAVEL BASEBALL CLUB, INC.	

Principal Place of Business 6157 NW 53RD CIRCLE CORAL SPRINGS, FL 33067 US	Mailing Address 6157 NW 53RD CIRCLE CORAL SPRINGS, FL 33067 US
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**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-4320782	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

AUFENANGER, DAWN ESQ.  
2770 N UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33065

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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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOPEC, JOHN JR. 6157 NW 53RD CIRCLE CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAYO, KEITH 5606 NW 122ND TERRACE CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAYO, TERRI 5606 NW 122ND TERRACE CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOPEC, TAMMI 6157 NW 53RD CIRCLE CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/10/07-80047-010 70.00

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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:** *John Kopec Jr* **John Kopec Jr** 1-4-07 9543253901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #