2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# N05000004982

Entity Name: CHARLOTTE THUNDER BASEBALL LEAGUE, INC.

Current Principal Place of Business:

21069 RIDDLE AVE
PT CHARLOTTE, FL 33954

New Principal Place of Business:

Current Mailing Address:

21069 RIDDLE AVE
PT CHARLOTTE, FL 33954

New Mailing Address:

FEI Number: 20-2837276 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BIRDSALL, THOMAS
21069 RIDDLE AVE
PT CHARLOTTE, FL 33954 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:	PD	( ) Delete
Name:	BIRDSALL, CHRISTOPHER T	
Address:	21069 RIDDLE AVENUE	
City-St-Zip:	PORT CHARLOTTE, FL 33954	
Title:	VP	( ) Delete
Name:	BIRDSALL, THOMAS L	
Address:	21069 RIDDLE AVENUE	
City-St-Zip:	PORT CHARLOTTE, FL 33954	
Title:	S	( ) Delete
Name:	TAYLOR, JENNY	
Address:	26055 TATTERSALL LN.	
City-St-Zip:	PUNTA GORDA, FL 33983	
Title:	TR	( ) Delete
Name:	KREFT, DARLENE	
Address:	3260 DEPEW	
City-St-Zip:	PORT CHARLOTTE, FL 33953	
Title:	D	( ) Delete
Name:	ECKER, MICHAEL	
Address:	810 BRENDA CT.	
City-St-Zip:	PUNTA GORDA, FL 33950	
Title:	D	( ) Delete
Name:	MARTIN, DIANE	
Address:	10050 WINDING RIVER ROAD	
City-St-Zip:	PUNTA GORDA, FL 33950	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	HOWES, JEN	
Address:	791 HALLEYBURRY	
City-St-Zip:	PORT CHARLOTTE, FL 33948	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	MC ELWEE, JOE	
Address:	975 BAER AVENUE	
City-St-Zip:	PORT CHARLOTTE, FL 33948	
Title:	D	(X) Change ( ) Addition
Name:	GLAZIER, SHAWN	
Address:	22390 WALTON AVENUE	
City-St-Zip:	PORT CHARLOTTE, FL 33952	

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: CHRISTOPHER T. BIRDSALL PD 02/10/2009

Electronic Signature of Signing Officer or Director — Date