2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N05000005076

Entity Name: HILAND PARK BASEBALL, INC.

Current Principal Place of Business:

2117 SHERMAN AVENUE
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

PO BOX 35212
PANAMA CITY, FL 32412

New Mailing Address:

FEI Number: 56-2509507 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBY, JANICE
5920 JOHN PITTS RD
PANAMA CITY, FL 32404 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:	P	( ) Delete
Name:	ROBY, JANICE	
Address:	5920 JOHN PITTS RD	
City-St-Zip:	PANAMA CITY, FL 32404	
Title:	VP	(X) Delete
Name:	HOLMES, RICK	
Address:	905 KRAFT AVE	
City-St-Zip:	PANAMA CITY, FL 32401	
Title:	T	( ) Delete
Name:	PLEAS, STACIE	
Address:	3625 E. 7TH ST	
City-St-Zip:	PANAMA CITY, FL 32401	
Title:	S	( ) Delete
Name:	BAILEY, MERIAL	
Address:	1008 E. 2ND ST	
City-St-Zip:	PANAMA CITY, FL 32401	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	FATHEREE, KIMBERLY	
Address:	PO BOX 35476	
City-St-Zip:	PANAMA CITY, FL 32412	

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: STACIE PLEAS T 04/29/2009

Electronic Signature of Signing Officer or Director — Date