

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009070

FILED
Feb 27, 2009
Secretary of State

Entity Name: YARD DAWGS BASEBALL, INC.

Current Principal Place of Business:

12891 TREELINE CT
N FT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

12891 TREELINE CT
N FT MYERS, FL 33903

New Mailing Address:

FEI Number: 14-1937125

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ONDREJKA, STEPHEN W
12891 TREELINE CT
N FT MYERS, FL 33903 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: D () Delete
Name: ONDREJKA, STEPHEN
Address: 12891 TREELINE CT
City-St-Zip: N FT MYERS, FL 33903

Title: D () Delete
Name: RENEGAR, MARK
Address: 22 NW 31ST PLACE
City-St-Zip: CAPE CORAL, FL 33993

Title: D () Delete
Name: LIPSHUTZ, ROBERT M
Address: 3613 DEL PRADO BLVD
City-St-Zip: CAPE CORAL, FL 33904

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:

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: STEPHEN W ONDREJKA

D

02/27/2009

Electronic Signature of Signing Officer or Director

Date