

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90049 010 ****61.25

DOCUMENT # N06000000616					
1. Entity Name ROTARY SPORTSPLEX - CAL RIPKEN BASEBALL ASSOCIATION, INC.					
Principal Place of Business 610 SE 17TH STREET OCALA, FL 34471			Mailing Address PO BOX 4885 OCALA, FL 34478		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-4367106	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FUTCH, R. WILLIAM 610 SE 17TH STREET OCALA, FL 34471			Name <u>Harvey Vandeven</u> Street Address (P.O. Box Number is Not Acceptable) 4260 NE 35 Street City Ocala FL Zip Code 34479		
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 <u>Harvey Vandeven</u>		Harvey Vandeven, Director		02/21/07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE P NAME RIPLEY, SCOTT STREET ADDRESS 610 SE 17TH STREET CITY-ST-ZIP OCALA, FL 34471	<input type="checkbox"/> Delete				
TITLE VP NAME RETAMOZA, ERNIE STREET ADDRESS 610 SE 17TH STREET CITY-ST-ZIP OCALA, FL 34471	<input type="checkbox"/> Delete				
TITLE VP NAME DIETRICH, BILLY STREET ADDRESS 610 SE 17TH STREET CITY-ST-ZIP OCALA, FL 34471	<input type="checkbox"/> Delete				
TITLE T NAME STROMWALL, DAN STREET ADDRESS 610 SE 17TH STREET CITY-ST-ZIP OCALA, FL 34471	<input checked="" type="checkbox"/> Delete				
TITLE S NAME DIETRICH, ANGIE STREET ADDRESS 610 SE 17TH STREET CITY-ST-ZIP OCALA, FL 34471	<input checked="" type="checkbox"/> Delete				
TITLE D NAME VANDEVEN, HARVEY STREET ADDRESS 610 SE 17TH STREET CITY-ST-ZIP OCALA, FL 34471	<input type="checkbox"/> Delete				
TITLE T NAME Blowers, Dean STREET ADDRESS 1310 SE 91 Place CITY-ST-ZIP Ocala FL 34480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE S NAME Ripley, Diane STREET ADDRESS 610 SE 17 Street CITY-ST-ZIP Ocala FL 34471	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE D NAME VANDEVEN, HARVEY STREET ADDRESS 610 SE 17TH STREET CITY-ST-ZIP OCALA, FL 34471	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u>Harvey Vandeven</u> Harvey Vandeven - 2/21/07 352-236-3355					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					