

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000616

FILED
Jan 07, 2008
Secretary of State

Entity Name: ROTARY SPORTSPLEX - CAL RIPKEN BASEBALL ASSOCIATION, INC.

Current Principal Place of Business:

610 SE 17TH STREET
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

PO BOX 4885
OCALA, FL 34478

New Mailing Address:

FEI Number: 20-4367106

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VANDEVEN, HARVEY
4260 NE 35 STREET
OCALA, FL 34479 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: RIPLEY, SCOTT
Address: 610 SE 17TH STREET
City-St-Zip: Ocala, FL 34471

Title: VP () Delete
Name: RETAMOZA, ERNIE
Address: 610 SE 17TH STREET
City-St-Zip: Ocala, FL 34471

Title: VP () Delete
Name: DIETRICH, BILLY
Address: 610 SE 17TH STREET
City-St-Zip: Ocala, FL 34471

Title: T () Delete
Name: BLOWERS, DEAN
Address: 1310 SE 91 PLACE
City-St-Zip: Ocala, FL 34480

Title: S () Delete
Name: RIPLEY, DIANE
Address: 610 SE 17 STREET
City-St-Zip: Ocala, FL 34471

Title: D () Delete
Name: VANDEVEN, HARVEY
Address: 610 SE 17TH STREET
City-St-Zip: Ocala, FL 34471

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: () Change () Addition
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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: SCOTT RIPLEY

P

01/07/2008

Electronic Signature of Signing Officer or Director

Date