## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2008 8:00 am Secretary of State

DOCUMENT # N0600004003  1. Entity Name SOUTH WALTON BASEBALL ASSOCIATION, INC.									05-02-2008	-	44 ****6:	1.25	
Principal Place 59 CANAL ST SANTA ROSA	Address NAL STREET ROSA BEACH, FL 32459 US				<del>Cap</del>								
Principal Place of Business - No P.O. Box #     3. Mailing Address							-						
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04212008	Chg-NP	-CR2E03	7 (12/06)_		
City & State	e		City & State			68-064		4. FEI Number 68-06442	80		No	plied For at Applicable	
Zîp	Country		Zip	Zip		Country		5. Certificate of	Status Desired		\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name							
LEUZE, DAVID 59 CANAL ST SANTA ROSA BEACH, FL 32459						Street Address (P.O. Box Number is Not Acceptable)							
						City FL Zip Code							
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													
Filing Fee is \$61.25  Due by May 1, 2008  9. Election Carripaign Financing Trust Fund Contribution.								\$5.00 May Be Added to Fees		Make check			
10.	OFFICERS AND DIRECTORS				11.			DDITIONS/CHAN	L GES TO OFFICI	ERS AND DIF	RECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						ADORESS					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						ADORESS T-ZIP					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Delete TITL FLOYD, KEN NAM 59 CANAL STREET STR					ADDRESS 1-ZIP					Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUTLEDG 59 CANAL SANTA R		59	<b>⊠</b> Delete	TITLE NAME STREET	ADDRESS T-ZIP					Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET	ADDRESS T-ZiP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY-ST						☐ Change	Addition	
12. I hereby certify that the information supplied with this filling 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 11 if changed, or on an attachment with an address, with all other like empowered.													
SIGNAT	TURE:	SIGNATURE: July July David F. Leuze 4/30/08 231-6954  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Detey Daytime Proofe 8											