

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011141

FILED
Jan 17, 2009
Secretary of State

Entity Name: BLAZE BASEBALL CLUB, INC.

Current Principal Place of Business:

12800 BROLEMAN ROAD
ORLANDO, FL 32832

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 620051
ORLANDO, FL 32862

New Mailing Address:

FEI Number: 56-2617473

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, JOHN V
12800 BROLEMAN ROAD
ORLANDO, FL 32832 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: ALLEN, JOHN
Address: 12800 BROLEMAN ROAD
City-St-Zip: ORLANDO, FL 32832

Title: VP () Delete
Name: HERRON, DENNIS
Address: 4108 EVANDER DRIVE
City-St-Zip: ORLANDO, FL 32812

Title: S () Delete
Name: HERRON, LIZZETTE
Address: 4108 EVANDER DRIVE
City-St-Zip: ORLANDO, FL 32812

Title: D () Delete
Name: KAISER, MARK
Address: 4972 SOUTH FORK RANCH DRIVE
City-St-Zip: ORLANDO, FL 32812

Title: D () Delete
Name: RITTEN, PAUL
Address: 6620 CITRUS VALLEY DRIVE
City-St-Zip: ORLANDO, FL 32812

Title: D () Delete
Name: THOMAS, MARCUS
Address: 5137 MYSTIC POINT COURT
City-St-Zip: ORLANDO, FL 32812

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
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ALLEN, AMANDA
Address: 12800 BROLEMAN ROAD
City-St-Zip: ORLANDO, FL 32832

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: JOHN V. ALLEN

PRES

01/17/2009

Electronic Signature of Signing Officer or Director

Date