

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012433

FILED  
Apr 20, 2008  
Secretary of State

**Entity Name:** TREASURE COAST BASEBALL ACADEMY INC.

**Current Principal Place of Business:**

844 S.E. CELTIC AVE.  
PORT ST. LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

844 S.E. CELTIC AVE.  
PORT ST. LUCIE, FL 34983

**New Mailing Address:**

**FEI Number:** 45-0542969

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SWIDERSKI, RICH  
844 S.E. CELTIC AVE.  
PORT ST. LUCIE, FL 34983 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: SWIDERSKI, RICH  
Address: 844 S.E. CELTIC AVE.  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: VP ( ) Delete  
Name: SWIDERSKI, SHERYL R  
Address: 844 S.E. CELTIC AVE.  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: TR. ( ) Delete  
Name: SWIDERSKI, SHERYL R  
Address: 844 S.E. CELTIC AVE.  
City-St-Zip: PORT ST. LUCIE, FL 34983

**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: RICH SWIDERSKI

P

04/20/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date