


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90380 023 ****61.25

DOCUMENT # N07000006391 1. Entity Name NORTH PORT DIAMOND CATS BASEBALL CLUB, INC.					
Principal Place of Business 1037 N. SUMTER BLVD. NORTH PORT, FL 34287			Mailing Address P.O. BOX 7412 NORTH PORT, FL 34290		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 04242008 Chg-NP CR2E037 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ZINER, CATHY 1037 N. SUMTER BLVD. NORTH PORT, FL 34287				7. Name and Address of New Registered Agent Name 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOPER, JERRY 4286 LUBEC AVE. NORTH PORT, FL 34287	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCDOWELL, DEBORAH 1331 RONALD ST. NORTH PORT, FL 34286	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, PATRICIA 4278 DEKLE AVE. NORTH PORT, FL 34287	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZINER, CATHY 4181 PEPPER LANE NORTH PORT, FL 34287	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ROWE, ROBERT 3713 VEHLIN ST. NORTH PORT, FL 34286	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BALZER, JEFFREY 2522 BEGONIA TERR NORTH PORT, FL 34286	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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>Patricia A Jones</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>04/24/08</u> Daytime Phone # <u>941-423-7658</u>		