

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002650

FILED  
Jul 21, 2009  
Secretary of State

**Entity Name:** WRIGLEY FIELDS BASEBALL ASSOCIATION, INC.

**Current Principal Place of Business:**

3756 NE 97 ST-RD  
ANTHONY, FL 32617

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 34  
CITRA, FL 32113

**New Mailing Address:**

P.O. BOX 970  
ANTHONY, FL 32617

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

HELMS, MIKE  
3756 NE 97 ST-RD  
ANTHONY, FL 32617 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: DP ( ) Delete  
Name: HELMS, MIKE  
Address: PO BO X970  
City-St-Zip: ANTHONY, FL 32617

Title: DV ( ) Delete  
Name: OSTANIK, SUSAN  
Address: P.O. BOX 975  
City-St-Zip: CITRA, FL 32113

Title: DT ( ) Delete  
Name: STOUP, JIM  
Address: P.O. BOX 26  
City-St-Zip: REDDICK, FL 32686

Title: DS ( ) Delete  
Name: SMITH, TRISTE  
Address: 445 NW 63 PL  
City-St-Zip: OCALA, FL 34475

**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:

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: MIKE HELMS

TR

07/21/2009

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

\_\_\_\_\_  
Date