

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002987

FILED
Apr 26, 2009
Secretary of State

Entity Name: NORTH FLORIDA LEGENDS BASEBALL CLUB, INC.

Current Principal Place of Business:

1737 COOPERFIELD CIRCLE
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

1737 COOPERFIELD CIRCLE
TALLAHASSEE, FL 32312

New Mailing Address:

1737 COPPERFIELD CIRCLE
TALLAHASSEE, FL 32312

FEI Number: 26-2265078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROELSTRUP, LYNNE C
1737 COOPERFIELD CIRCLE
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

TROELSTRUP, LYNNE C
1737 COPPERFIELD CIRCLE
TALLAHASSEE, FL 32312 US

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: LYNNE C TROELSTRUP

04/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: TROELSTRUP, MICHAEL
Address: 1737 COOPERFIELD CIRCLE
City-St-Zip: TALLAHASSEE, FL 32312

Title: DV () Delete
Name: TROELSTRUP, LYNNE C
Address: 1737 COOPERFIELD CIRCLE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: COURTEMACHE, RICK
Address: 3605 MOMOUTH COURT
City-St-Zip: TALLAHASSEE, FL 32308

Title: S () Delete
Name: COURTEMACHE, PAMELA
Address: 3605 MOMOUTH COURT
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: TROELSTRUP, MICHAEL
Address: 1737 COPPERFIELD CIRCLE
City-St-Zip: TALLAHASSEE, FL 32312

Title: DV (X) Change () Addition
Name: TROELSTRUP, LYNNE C
Address: 1737 COPPERFIELD CIRCLE
City-St-Zip: TALLAHASSEE, FL 32312

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: LYNNE C TROELSTRUP

DV

04/26/2009

Electronic Signature of Signing Officer or Director

Date