

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002987

FILED
May 01, 2010
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:

1737 COPPERFIELD CIRCLE
TALLAHASSEE, FL 32312

Current Mailing Address:

1737 COPPERFIELD CIRCLE
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 26-2265078 **FEI Number Applied For ()** **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:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: TROELSTRUP, MICHAEL
Address: 1737 COPPERFIELD CIRCLE
City-St-Zip: TALLAHASSEE, FL 32312

Title: DV
Name: TROELSTRUP, LYNNE C
Address: 1737 COPPERFIELD CIRCLE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D
Name: COURTEMANCHE, RICK
Address: 3605 MOMOUTH COURT
City-St-Zip: TALLAHASSEE, FL 32308

Title: S
Name: COURTEMANCHE, PAMELA
Address: 3605 MOMOUTH COURT
City-St-Zip: TALLAHASSEE, FL 32308

Title: T
Name: KICKLIGHTER, MEEGAN
Address: 40600 LONG ISLAND DR
City-St-Zip: UMATILLA, FL 32784

I hereby 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 all other like empowered.

SIGNATURE: LYNNE C TROELSTRUP

DV

05/01/2010

Electronic Signature of Signing Officer or Director

Date