2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N08000006035

Entity Name: HAWTHORNE MIDDLE/HIGH SCHOOL BASEBALL DUGOUT CLUB, INC.

Current Principal Place of Business:

21403 SE 69TH AVENUE
HAWTHORNE, FL 32640

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 40
HAWTHORNE, FL 32640

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SURRENCY, RONALD D ATTORNE
200 NE 1ST ST
GAINESVILLE, FL 32601 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: WORLEY, AIMEE
Address: 21403 SE 69TH AVENUE
City-St-Zip: HAWTHORNE, FL 32640

Title: VP ( ) Delete
Name: WALKER, VIKKI
Address: 21403 SE 69TH AVENUE
City-St-Zip: HAWTHORNE, FL 32640

Title: SEC ( ) Delete
Name: SITER, LORI
Address: 21403 SE 69TH AVENUE
City-St-Zip: HAWTHORNE, FL 32640

Title: TREA ( ) Delete
Name: DAVIS, LINDSEY
Address: 21403 SE 69TH AVENUE
City-St-Zip: HAWTHORNE, FL 32640

Title: HCOA ( ) Delete
Name: SURRENCY, MATT
Address: 21403 SE 69TH AVENUE
City-St-Zip: HAWTHORNE, FL 32640

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:

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: MATT SURRENCY HCOA 04/30/2009

Electronic Signature of Signing Officer or Director — Date