2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006238

FILED Jan 15, 2009 Secretary of State

Entity Name: THE FLORIDA STATE LEAGUE BASEBALL HALL OF FAME, INC.

Current Principal Place of Business: New Principal Place of Business: 115 E. ORANGE AVENUE DAYTONA BEACH, FL 32114 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 349 DAYTONA BEACH, FL 32114 FEI Number: 26-2944352 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOOD, CHARLES D JR. 444 SEABREEZE BOULEVARD SUITE 900 DAYTONA BEACH, FL 32118 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MURPHY, CHARLES K Name: Name: 115 E. ORANGE AVENUE Address: Address: City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: Title: () Delete Title: () Change () Addition CARSON, KEN Name: Name: Address: 115 E. ORANGE AVENUE Address: City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: Title: () Delete Title: () Change () Addition HOOD, C. DAVID Name: Name: 115 E. ORANGE AVENUE Address: Address: City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: Title: () Delete Title: () Change () Addition SMITH, KYLÈ Name: Name: 5800 STADIUM PARKWAY #101 Address: Address: City-St-Zip: VIERA, FL 32940 City-St-Zip: Title: () Delete Title: () Change () Addition TIMBERLAKE, JOHN Name: Name: 601 N. OLD COACHMAN ROAD Address: Address: City-St-Zip: CLEARWATER, FL 33765 City-St-Zip: Title: () Delete Title: () Change () Addition PAPIERNIAK, BILL Name: Name: Address: 105 E. ORANGE AVENUE Address: DAYTONA BEACH, FL 32114 City-St-Zip: 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: CHARLES K MURPHY P 01/15/2009