

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 15, 2009
Secretary of State**

DOCUMENT# N08000006238

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

Current Principal Place of Business:

115 E. ORANGE AVENUE
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 349
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 26-2944352 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOOD, CHARLES D JR.
444 SEABREEZE BOULEVARD
SUITE 900
DAYTONA BEACH, FL 32118 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: MURPHY, CHARLES K
Address: 115 E. ORANGE AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: V () Delete
Name: CARSON, KEN
Address: 115 E. ORANGE AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: S () Delete
Name: HOOD, C. DAVID
Address: 115 E. ORANGE AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: SMITH, KYLE
Address: 5800 STADIUM PARKWAY #101
City-St-Zip: VIERA, FL 32940

Title: D () Delete
Name: TIMBERLAKE, JOHN
Address: 601 N. OLD COACHMAN ROAD
City-St-Zip: CLEARWATER, FL 33765

Title: D () Delete
Name: PAPIERNIAK, BILL
Address: 105 E. ORANGE AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

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:

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: CHARLES K MURPHY

P

01/15/2009

Electronic Signature of Signing Officer or Director

Date