

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008980

FILED
May 01, 2009
Secretary of State

Entity Name: RAMS BASEBALL CLUB, INC.

Current Principal Place of Business:

5824 BEE RIDGE ROAD
#301
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

5824 BEE RIDGE ROAD
#301
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 26-3459837 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:

HRIC, MICHAEL ESQ.
1800 2ND STREET
SUITE 901
SARASOTA, FL 34236 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: PASD () Delete
Name: BRUCE, CATHY
Address: 4439 OPAL COURT
City-St-Zip: SARASOTA, FL 34233

Title: VPD () Delete
Name: HOWARD, TRACY
Address: 432 PINE RANCH EAST ROAD
City-St-Zip: OSPREY, FL 34229

Title: SD () Delete
Name: WOOD, JULIE
Address: 4653 SWEETMEADOW CIRCLE
City-St-Zip: SARASOTA, FL 34238

Title: TD () Delete
Name: SAGALOW, DOREEN
Address: 7001 SCRUB JAY
City-St-Zip: SARASOTA, FL 34241

Title: D () Delete
Name: ENOS, TIM
Address: 9056 MISTY CREEK DRIVE
City-St-Zip: SARASOTA, FL 34241

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: CATHY BRUCE

PASD

05/01/2009

Electronic Signature of Signing Officer or Director

Date