

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010193

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: WAVE BASEBALL OF NORTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

360 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

360 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32561

**New Mailing Address:**

FEI Number: 26-3694908

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COLSTON, JAMIE  
360 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32561 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: D ( ) Delete  
Name: GILL, JEFFREY  
Address: 1188 MARY LOU LANE  
City-St-Zip: GULF BREEZE, FL 32563

Title: D ( ) Delete  
Name: AMBERSON, KRISTIN  
Address: 203 SABINE DRIVE  
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: D ( ) Delete  
Name: CURRINGTON, KEITH  
Address: 804 POINCIANA WAY  
City-St-Zip: GULF BREEZE, FL 32561

Title: D ( ) Delete  
Name: COLSTON, JAMIE  
Address: 360 GULF BREEZE PARKWAY  
City-St-Zip: GULF BREEZE, FL 32561

Title: D ( ) Delete  
Name: LITTON, GREG  
Address: 4296 BREIGHTON DRIVE  
City-St-Zip: PENSACOLA, FL 32504

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: AMBERSON, KRISTIN  
Address: 203 SABINE DR  
City-St-Zip: PENSACOLA BEACH, FL 32561

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: KRISTIN AMBERSON

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date