

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010193

FILED
Jan 15, 2010
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:

203 SABINE DR.
PENSACOLA BEACH, FL 32561

Current Mailing Address:

360 GULF BREEZE PARKWAY
GULF BREEZE, FL 32561

New Mailing Address:

P.O. BOX 1373
GULF BREEZE, FL 32562

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:

COLSTON, JAMIE
211 FIRETHORN ST
GULF BREEZE, FL 32561 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: KRISTIN AMBERSON

01/15/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: AMBERSON, KRISTIN
Address: 203 SABINE DR
City-St-Zip: PENSACOLA BEACH, FL 32561

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

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

Title: D
Name: COLSTON, JAMIE
Address: 211 FIRETHORN DR.
City-St-Zip: GULF BREEZE, FL 32561

I hereby 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 all other like empowered.

SIGNATURE: KRISTIN AMBERSON

S/T

01/15/2010

Electronic Signature of Signing Officer or Director

Date