

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000010193

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** WAVE BASEBALL OF NORTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

203 SABINE DR.  
PENSACOLA BEACH, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1373  
GULF BREEZE, FL 32562

**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  
211 FIRETHORN ST  
GULF BREEZE, FL 32561 US

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

AMBERSON, KRISTIN  
203 SABINE DR  
PENSACOLA BEACH, 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

01/05/2011

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: CURRINGTON, KEITH  
Address: 804 POINCIANA WAY  
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

01/05/2011

Electronic Signature of Signing Officer or Director

Date