

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

DOCUMENT# N09000000070

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** SEAWOLVES BASEBALL, INC.

**Current Principal Place of Business:**

335 PALM CIRCLE  
FLAGLER BEACH, FL 32136

**New Principal Place of Business:**

**Current Mailing Address:**

335 PALM CIRCLE  
FLAGLER BEACH, FL 32136

**New Mailing Address:**

**FEI Number:** 90-0435871

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COCHRAN, SUZANNE  
335 PALM CIRCLE  
FLAGLER BEACH, FL 32136 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  
**Name:** COCHRAN, DONALD C  
**Address:** 335 PALM CIRCLE  
**City-St-Zip:** FLAGLER BEACH, FL 32136

**Title:** VP  
**Name:** BERNARD, BRAD  
**Address:** 5 ELI PLACE  
**City-St-Zip:** PALM COAST, FL 32164

**Title:** TRSR  
**Name:** CERELLI, WILLIAM  
**Address:** 20 CYPRESS WOOD DRIVE  
**City-St-Zip:** PALM COAST, FL 32137

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:** DONALD COCHRAN

P

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date