

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19782

FILED
Jun 13, 2011
Secretary of State

Entity Name: TRIANGLE UMPIRES ASSOCIATION, INC.

Current Principal Place of Business:

6677 BORDEAUX BLVD.
LAKELAND, FL 33811 US

New Principal Place of Business:

1402 VALLEY PLACE
BRANDON, FL 33510 US

Current Mailing Address:

P O BOX 1040
VALRICO, FL 33595 US

New Mailing Address:

FEI Number: 59-2895860

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFSTETTER, GREGORY J
6677 BORDEAUX BLVD
LAKELAND, FL 33811 US

Name and Address of New Registered Agent:

CARLSON, MARK D
1402 VALLEY PLACE
BRANDON, FL 33510 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: MARK D CARLSON

06/13/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: CARLSON, MARK D
Address: 1402 VALLEY PLACE
City-St-Zip: BRANDON, FL 33510

Title: T
Name: LONG, TODD
Address: 6604 STAFFORD TERRACE AVE
City-St-Zip: PLANT CITY, FL 33565

Title: D
Name: LANCASTER, MIKE
Address: 3024 CUNARD DRIVE
City-St-Zip: VALRICO, FL 33596

Title: S
Name: ROTHERMEL, LARRY
Address: 6677 BORDEAUX BLVD
City-St-Zip: LAKELAND, FL 33811

Title: D
Name: SHERHOUSE, JIM
Address: 6948 POTOMAC CIRCLE
City-St-Zip: RIVERVIEW, FL 33578

Title: VP
Name: KELSEY, DAVID
Address: 509 HIGHVIEW TERRACE SOUTH
City-St-Zip: BRANDON, FL 33510

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: MARK D CARLSON

P

06/13/2011

Electronic Signature of Signing Officer or Director

Date