

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90036 002 \*\*\*\*61.25

44000440



01282004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2619313 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # N22974

1. Entity Name  
EAST LAKELAND BASEBALL, INC.



Principal Place of Business  
1140 FISH HATCHERY RD  
LAKELAND, FL 33801 US

Mailing Address  
PO BOX 605  
LAKELAND, FL 33802

2. Principal Place of Business

3. Mailing Address

PO Box 92716

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Lakeland, FL

Zip

Country

Zip  
33804

Country

VS

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FREEMAN, CLEM F P  
3614 GREGORY CT.  
LAKELAND, FL 33801

Name Eddie Barnett (James E Barnett)

Street Address (P.O. Box Number is Not Acceptable)

2427 Island Oaks E

City

Lakeland

FL

Zip Code

33805

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

James E Barnett

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/29/04

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE V ☒ Delete  
NAME SHIRLEY, CHARLIE  
STREET ADDRESS 6558 AMI ANN COURT  
CITY-ST-ZIP LAKELAND, FL 33813

TITLE ☒ Change ☒ Addition  
NAME John Blackmon  
STREET ADDRESS 3333 North Combee Rd  
CITY-ST-ZIP Lakeland, FL 33805

TITLE P ☒ Delete  
NAME FREEMAN, CLEM  
STREET ADDRESS 3614 GREGORY CT.  
CITY-ST-ZIP LAKELAND, FL 33801

TITLE ☐ Change ☒ Addition  
NAME Eddie Barnett  
STREET ADDRESS 2427 Island Oaks E  
CITY-ST-ZIP Lakeland, FL 33805

TITLE D ☐ Delete  
NAME ROBERTS, GERMAINE  
STREET ADDRESS 325 ED PADGETT ROAD  
CITY-ST-ZIP LAKELAND, FL 33809

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME BARNETT, KELLIE  
STREET ADDRESS 2427 ISLAND OAKS EAST  
CITY-ST-ZIP LAKELAND, FL 33805

TITLE ☐ Change ☒ Addition  
NAME Janet Barthle  
STREET ADDRESS 618 Williams St  
CITY-ST-ZIP Lakeland, FL 33805

TITLE D ☒ Delete  
NAME GILLIN, KATRINA  
STREET ADDRESS 2525 DONS PLACE  
CITY-ST-ZIP LAKELAND, FL 33801

TITLE ☒ Change ☐ Addition  
NAME Kellie Barnett  
STREET ADDRESS 2427 Island Oaks E  
CITY-ST-ZIP Lakeland, FL 33805

TITLE T ☒ Delete  
NAME KNAPP, SHARON  
STREET ADDRESS 616 HICKORY ST.  
CITY-ST-ZIP LAKELAND, FL 33801

TITLE ☐ Change ☒ Addition  
NAME Steve Sloan  
STREET ADDRESS 3130 Hardin Combee Rd  
CITY-ST-ZIP Lakeland, FL 33801

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kellie L Barnett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/04

Date

(863) 318-3525

Daytime Phone #