2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33735

FILED Mar 22, 2007 Secretary of State

Entity Name: JACKSONVILLE MEN'S SENIOR BASEBALL LEAGUE, INC.

Current Principal Place of Business: New Principal Place of Business: 6316 GREENLAND RD JACKSONVILLE, FL 32258 LIS **Current Mailing Address: New Mailing Address:** 6316 GREENLAND RD JACKSONVILLE, FL 32258 US FEI Number: 59-2967543 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: DOYLE, WILLIAM E DOYLE, WILLIAM E 2210 GULF LIFE TOWER 2121 CORPORATE SQUARE BLVD. JACKSONVILLE, FL 32207 US 124 JACKSONVILLE, FL 32216 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: 03/22/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition LINDSAY, LINDSAY FLECK, BRIAN Name: Name: 180 VANDERFORD RD. W. Address: 171 BERMUDA CIR Address: City-St-Zip: ORANGE PARK, FL 32073 US City-St-Zip: PONTE VEDRA, FL 32082 US Title: () Delete Title: (X) Change () Addition MILLER, VIC Name: MILLER, VIC Name: Address: 1041 MAGNOLIA LANDING DR. Address: 1041 MAGNOLIA LANDING DR. City-St-Zip: ATLANTIC BEACH, FL 32233 US City-St-Zip: ATLANTIC BEACH, FL 32233 US Title: () Delete Title: () Change () Addition BROWN, TOMY Name: Name: 11061 KNOTTINGBY DR Address: Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: (X) Change () Addition Title: VΡ () Delete Title: Name: FLECK, BRIAN Name: LINDSAY, LINDSAY 171 BERMUDA CIR 180 VANDERFORD RD. Address: Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: ORANGE PARK, FL 32073 Title: () Delete Title: () Change () Addition D'ACCARDI, NORMAN Name: Name: 6316 GREENLAND RD Address: Address: City-St-Zip: JACKSONVILLE, FL 32258 City-St-Zip: Title: () Delete Title: () Change () Addition SHANNON, DENNIS Name: Name: Address: 3732 RIVEREDGE DRIVE Address: JACKSONVILLE, FL City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NORMAN M. D'ACCARDI T 03/22/2007