

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33735

FILED  
Apr 23, 2008  
Secretary of State

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

**Current Principal Place of Business:**

6316 GREENLAND RD  
JACKSONVILLE, FL 32258 US

**New Principal Place of Business:**

**Current Mailing Address:**

6316 GREENLAND RD  
JACKSONVILLE, FL 32258 US

**New Mailing Address:**

**FEI Number:** 59-2967543

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DOYLE, WILLIAM E.  
2121 CORPORATE SQUARE BLVD.  
124  
JACKSONVILLE, FL 32216 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 ( ) Delete  
Name: FLECK, BRIAN  
Address: 171 BERMUDA CIR  
City-St-Zip: PONTE VEDRA, FL 32082 US

Title: VP ( ) Delete  
Name: MILLER, VIC  
Address: 1041 MAGNOLIA LANDING DR.  
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: D ( ) Delete  
Name: BROWN, TOMY  
Address: 11061 KNOTTINGBY DR  
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete  
Name: LINDSAY, LINDSAY  
Address: 180 VANDERFORD RD.  
City-St-Zip: ORANGE PARK, FL 32073

Title: T ( ) Delete  
Name: D'ACCARDI, NORMAN  
Address: 6316 GREENLAND RD.  
City-St-Zip: JACKSONVILLE, FL 32258

Title: D ( ) Delete  
Name: SHANNON, DENNIS  
Address: 3732 RIVEREDGE DRIVE  
City-St-Zip: JACKSONVILLE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

04/23/2008

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

\_\_\_\_\_  
Date