

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State

05-30-2006 90036 044 ****61.25

DOCUMENT # N36005

1. Entity Name
FRED WATERS BASEBALL CLINIC, INC.



Principal Place of Business
**101 S JEFFERSON ST
D
PENSACOLA, FL 32501 US**

Mailing Address
**101 S JEFFERSON ST
D
PENSACOLA, FL 32501 US**

90034407



05192006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2985178

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KOHR, J. A
101 S. JEFFERSON ST
STE D
PENSACOLA, FL 32501**

Name **MICHAEL HOOK**

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

4060 MONTALVO

City **PENSACOLA** FL Zip Code **32504**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

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 **D** ☒ Delete
NAME **KOHR, J ALAN**
STREET ADDRESS **101 S JEFFERSON ST, SUITE D**
CITY-ST-ZIP **PENSACOLA, FL 32501**

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

TITLE **PO** ☐ Delete
NAME **HOOK, MICHAEL**
STREET ADDRESS **4060 MONTALVO**
CITY-ST-ZIP **PENSACOLA, FL 32504**

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

TITLE **D** ☐ Delete
NAME **PARKER, KENNETH**
STREET ADDRESS **2528 ROSEDOWN**
CITY-ST-ZIP **CANTONMENT, FL 32533**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MICHAEL HOOK

850-433-0809