

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47101

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: WEST SEMINOLE PONY BASEBALL, INC. II

## Current Principal Place of Business:

P.O. BOX 915364  
LONGWOOD, FL 32779

## New Principal Place of Business:

495 MAPLE STREET  
ALTAMONTE SPRINGS, FL 32714

## Current Mailing Address:

P.O. BOX 915364  
LONGWOOD, FL 32779

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAY, JOHN  
822 RIVERBEND BLVD.  
LONGWOOD, FL 32779 US

## Name and Address of New Registered Agent:

WOODS, MICHAEL T  
136 HABERSHAM DRIVE  
LONGWOOD, FL 32779 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: MICHAEL T. WOODS

04/26/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LITCHFIELD, JENNINGS R  
Address: 469 WEKIVA COVE RDL  
City-St-Zip: LONGWOOD, FL 32779

Title: TD ( ) Delete  
Name: RAY, JOHN B  
Address: 822 RIVERBEND BLVD.  
City-St-Zip: LONGWOOD, FL 32779

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change ( ) Addition  
Name: WOODS, MICHAEL T  
Address: 136 HABERSHAM  
City-St-Zip: LONGWOOD, FL 32779

Title: S ( ) Change (X) Addition  
Name: HEY, ROBERT  
Address: 122 VARSITY CIRCLE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP ( ) Change (X) Addition  
Name: KOUWENHOVEN, BRIAN  
Address: 207 MONTEGO INLET BLVD  
City-St-Zip: LONGWOOD, FL 32779

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: MICHAEL T WOODS

T

04/26/2007

Electronic Signature of Signing Officer or Director

Date