

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47101

FILED
Apr 30, 2008
Secretary of State

Entity Name: WEST SEMINOLE PONY BASEBALL, INC. II

Current Principal Place of Business:

495 MAPLE STREET
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

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 (X)

Name and Address of Current Registered Agent:

WOODS, MICHAEL T
136 HABERSHAM DRIVE
LONGWOOD, FL 32779 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: LITCHFIELD, JENNINGS R
Address: 469 WEKIVA COVE RDL
City-St-Zip: LONGWOOD, FL 32779

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: LITCHFIELD, JENNINGS R
Address: 469 WEKIVA COVE RD
City-St-Zip: LONGWOOD, FL 32779

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

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

Title: P (X) Change () 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 WOODS

T

04/30/2008

Electronic Signature of Signing Officer or Director

Date