## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N47241

FILED Jan 05, 2009 Secretary of State

Entity Name: WEST VOLUSIA PONY BASEBALL, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1236 SAXON BLVD DELTONA, FL 32725 US **Current Mailing Address: New Mailing Address:** P.O. BOX 5814 DELTONA, FL 32728 US FEI Number: 59-3100680 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KOUROUNIS, EMMANUEL FIORICA, RICHARD 533 SOFT SHADOW LANE 3680 VAN DALE ST DEBARY, FL 32713 DELTONA, FL 32738 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: RICHARD FIORICA 01/05/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ENRIGHT, MIKE Name: Name: 2536 GRAMERCY DR. Address: Address: City-St-Zip: DELTONA, FL 32738 City-St-Zip: Title: D/S ( ) Delete Title: () Change () Addition PAGE, GLORIA L Name: Name: Address: 1337 BLYTHE AVENUE Address: City-St-Zip: DELTONA, FL 32725 City-St-Zip: Title: () Delete Title: () Change () Addition FERRARO, PETE Name: Name: 1420 MCGREGOR RD Address: Address: City-St-Zip: DELAND, FL 32720 City-St-Zip: ( ) Delete Title: D/T Title: D/T (X) Change ( ) Addition DALY, MIKE Name: Name: GREGORY, LYNNE 1931 VIENNA AVE 1201 WORTHINGTON DR Address: Address: City-St-Zip: DELTONA, FL 32725 City-St-Zip: DELTONA, FL 32725 Title: () Delete Title: (X) Change ( ) Addition TURNER, CHRIS DEARBORN, ERIC G Name: Name: 525 W LYNN AVE 3153 MALTBY DRIVE Address: Address: City-St-Zip: ORANGE CITY, FL 32763 City-St-Zip: DELTONA, FL 32738 Title: () Delete Title: () Change () Addition COFFEY, MITCH Name: Name: Address: P.O. BOX 5223 Address: DELTONA, FL 32738 City-St-Zip: 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: GLORIA L. PAGE D/S 01/05/2009