


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # N51319 1. Entity Name KEY WEST WINTER BASEBALL LEAGUE, INC. |  |
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| Principal Place of Business 500 FLEMING STREET KEY WEST, FL 33040 | Mailing Address 500 FLEMING STREET KEY WEST, FL 33040 |
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 65-0366869 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SPOTTSWOOD, WILLIAM B 500 FLEMING STREET KEY WEST, FL 33040 |
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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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

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| Filing Fee is \$61.25 Due by May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PEREZ, DESIDERIO JR 576 HAMMOCK DR KEY WEST, FL 33040 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD SPOTTSWOOD, ANDREA 42 FLORAL AVENUE KEY WEST, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SPOTTSWOOD, BILL 500 FLEMING STREET KEY WEST, FL 33040 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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01/16/04-80006-022 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 817, 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:  1/12/04 305-294-5234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

Andrea R. Spottswood