

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000693

FILED  
May 29, 2009  
Secretary of State

Entity Name: BLAZERS SOFTBALL TEAM, INC.

## Current Principal Place of Business:

72 SHADOWCREEK WAY  
ORMOND BEACH, FL 32174 US

## New Principal Place of Business:

5473 ST REGIS WAY  
PORT ORANGE, FL 32128 US

## Current Mailing Address:

72 SHADOWCREEK WAY  
ORMOND BEACH, FL 32174 US

## New Mailing Address:

5473 ST REGIS WAY  
PORT ORANGE, FL 32128 US

FEI Number: 30-0409059      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

JOHNSON, DOUGLAS E  
72 SHADOWCREEK WAY  
ORMOND BCH, FL 32174 US

## Name and Address of New Registered Agent:

CHRISTINA, BOVIER K  
5473 ST REGIS WAY  
PORT ORANGE, FL 32128 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: CHRISTINA BOVIER

05/29/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DVP ( ) Delete  
Name: BOVIER, MARK  
Address: 5473 ST. REGIS WAY  
City-St-Zip: PT ORANGE, FL 32128

Title: DP ( ) Delete  
Name: JOHNSON, DOUGLAS E  
Address: 72 SHADOWCREEK WAY  
City-St-Zip: ORMOND BCH, FL 32174

Title: D ( ) Delete  
Name: CRANDALL, VINCE  
Address: 1616 MAGNOLIA AVE  
City-St-Zip: DELAND, FL 32724

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: MARK BOVIER

DVP

05/29/2009

Electronic Signature of Signing Officer or Director

Date