2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# N93000001608

Entity Name: TED WILLIAMS MUSEUM AND HITTERS HALL OF FAME, INC.

Current Principal Place of Business:

2455 N CITRUS HILLS BLVD
HERNANDO, FL 34442 US

New Principal Place of Business:

2476 N. ESSEX AVENUE
HERNANDO, FL 34442 US

Current Mailing Address:

2455 N CITRUS HILLS BLVD
HERNANDO, FL 34442 US

New Mailing Address:

2476 N. ESSEX AVENUE
HERNANDO, FL 34442 US

FEI Number: 59-3176953 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABEL, ERIC D
2476 N. ESSEX AVE
HERNANDO, FL 34442 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: T ( ) Delete
Name: PASTOR, JOHN E
Address: 2476 N. ESSEX AVENUE
City-St-Zip: HERNANDO, FL 34442

Title: PD ( ) Delete
Name: TAMPOSI, STEPHEN A
Address: 2476 N. ESSEX AVENUE
City-St-Zip: HERNANDO, FL 34442

Title: S ( ) Delete
Name: ABEL, ERIC D
Address: 2476 N. ESSEX AVENUE
City-St-Zip: HERNANDO, FL 34442

Title: D ( ) Delete
Name: NASH, GERALD Q
Address: 40 TEMPLE STREET
City-St-Zip: NASHUA, NH

Title: D ( ) Delete
Name: WILLIAMS, CLAUDIA
Address: 872 E. RAY STREET
City-St-Zip: HERNANDO, FL

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:

Title: D (X) Change ( ) Addition
Name: NASH, GERALD Q
Address: 40 TEMPLE STREET
City-St-Zip: NASHUA, NH 03063

Title: D (X) Change ( ) Addition
Name: WILLIAMS, CLAUDIA
Address: 2476 N. ESSEX AVENUE
City-St-Zip: HERNANDO, FL 34442

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: ERIC D. ABEL DIR 03/13/2009
Electronic Signature of Signing Officer or Director Date