2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001864

CARPENTER, MIKE

5406 GLASGOW AVE

ORLANDO, FL 32819

() Delete

Name:

Title:

Address:

City-St-Zip:

FILED Jan 27, 2006 Secretary of State

Entity Name: ORLANDO SENIOR BASEBALL ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 618 MAYFAIR DR 522 HUNT CLUBE BLVD ALTAMONTE SPRINGS, FL 32701 #147 APOPKA, FL 32703 **Current Mailing Address: New Mailing Address:** 618 MAYFAIR DR 522 HUNT CLUB BLVD ALTAMONTE SPRINGS, FL 32701 #147 APOPKA, FL 32703 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VOGLER, GILBERT SULLIVAN, RICHARD J 618 MAYFAIR DR 2416 SWEETAIRE COURT ALTAMONTE SPRINGS, FL 32701 APOPKA, FL 32712 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 J. SULLIVAN 01/27/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP (X) Change () Addition () Delete VOGLER, GILBERT SULLIVAN, RICHARD Name: Name: 618 MAYFAIR DR Address: 2416 SWEETAIRE COURT Address: APOPKA, FL 32712 City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: Title: DS () Delete Title: () Change () Addition BEATTY, GEORGE Name: Name: Address: 337 REDWING WAY Address: City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: Title: () Delete Title: () Change () Addition

Name:

Title:

Address:

City-St-Zip:

DS

() Change (X) Addition

Name:Name:VOGLER, GILBERTAddress:Address:618 MAYFAIR DR.

City-St-Zip: City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: () Delete Title: DS () Change (X) Addition

 Name:
 Name:
 KRAFTCHICK, JAY

 Address:
 Address:
 360 BENTLEY ST.

 City-St-Zip:
 City-St-Zip:
 OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD J. SULLIVAN DP 01/27/2006