

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002024

FILED
Apr 30, 2004
Secretary of State

Entity Name: FLORIDA STATE AMERICAN AMATEUR BASEBALL CONGRESS, INC.

Current Principal Place of Business:

1401 ESSEX DRIVE
SAINT PETERSBURG, FL 33710 US

New Principal Place of Business:

Current Mailing Address:

1401 ESSEX DRIVE
SAINT PETERSBURG, FL 33710 US

New Mailing Address:

FEI Number: 59-3122256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMILLAN, REED
1401 ESSEX DRIVE
SAINT PETERSBURG, FL 33710 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: DP () Delete
Name: MCMILLAN, REED
Address: 1401 ESSEX DR.
City-St-Zip: ST. PETERSBURG, FL

Title: DS () Delete
Name: LISOWSKI, ED
Address: 4310 29TH AVE. N.
City-St-Zip: ST. PETE, FL

Title: DT () Delete
Name: NEITZ, PICK
Address: 3211 TARA GROVE DR
City-St-Zip: TAMPA, FL 33618

Title: VP () Delete
Name: CHURCHILL, JIM
Address: 16007 MANFIELD DRIVE
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DT (X) Change () Addition
Name: NEITZ, DICK
Address: 3211 TARA GROVE DR
City-St-Zip: TAMPA, FL 33618

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: REED MCMILLAN

DP

04/30/2004

Electronic Signature of Signing Officer or Director

Date