

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005843

FILED
Feb 10, 2004
Secretary of State

Entity Name: FLORIDA WEST BASEBALL UMPIRE ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 21011
SARASOTA, FL 34276 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 21011
SARASOTA, FL 34276 US

New Mailing Address:

FEI Number: 65-0553284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARSLEY, WALTER L
2264 LOCKWOOD MEADOWS WAY
SARASOTA, FL 34234 US

Name and Address of New Registered Agent:

HAWN, MICHAEL A
1786 BRIAR CREEK LANE
SARASOTA, FL 34235 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: MICHAEL A HAWN

02/10/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TS () Delete
Name: PARSLEY, WALTER L
Address: 2264 LOCKWOOD MEADOWS WAY
City-St-Zip: SARASOTA, FL 34234

Title: BAD () Delete
Name: KOZLOWSKI, RONALD D
Address: 2918 MARSHALL DRIVE
City-St-Zip: SARASOTA, FL 34239

Title: PD () Delete
Name: LOCRASTO, TOM
Address: 4076 LINWOOD ST
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TS (X) Change () Addition
Name: HAWN, MICHAEL A
Address: 1786 BRIAR CREEK LANE
City-St-Zip: SARASOTA, FL 34235

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 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: MICHAEL A HAWN

TS

02/10/2004

Electronic Signature of Signing Officer or Director

Date