2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2006 08:00 AM Secretary of State

ANNUAL REPUR				Secretary of State			
DOCUMENT # N9500005554 1. Entity Name MANATEE BASEBALL CLUB, INC.					Secre	cary or	State
Principal Plac 1023 MANAT BRADENTON	TEE AVENUE WEST	Mailing Address 1023 MANATEE AVENUE WEST BRADENTON, FL 34205			F (810) 83311 83313 8333 843	# # 1	WING EXIL SEEKEL TH (EE)
D	O NOT WRITE	CE	01122006 4. FEI Numbe 65-062		CR2E037		
6. Name and Address of Current Registered Agent HAWKINS, JOHN D 1023 MANATEE AVENUE WEST BRADENTON, FL 34205			DO NOT WRITE IN THIS SPACE				
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and site if applicable. (NOTE Registered Agent signature required when reinstating) DATE Filling Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							
	Due by May 1, 2006						
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	SVD HAWKINS, JOHN D 321 32 ST W BRADENTON, FL 34205 PD MEISSNER, GREGORY C 1111 3RD AVENUE W #150 BRADENTON, FL 34205	RECTORS			90000 01/23/06	0389941 -80005-0	014 61.2 5
TITLE NAME STREET ADDRESS CITY-S1-21P TITLE NAME STREET ADDRESS CITY-S1-21P	TD RUGGIERO, BRIAN 1019-85TH STREET COURT N.W. BRADENTON, FL 34209		-10-y ' · · · · ·	*****	NOT W THIS SI		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				ortaninas – 7 & S			

12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with amaddress, with all other like empowered.

SIGNATURE.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/06 941-748.3280