2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N96000002352

Entity Name: JACKSONVILLE BEACH BASEBALL ASSOCIATION, INC.

Current Principal Place of Business:

361 PENMAN ROAD
JACKSONVILLE, FL 32250

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 50042
JACKSONVILLE, FL 32250

New Mailing Address:

POST OFFICE BOX 50042
JACKSONVILLE BEACH, FL 32250

FEI Number: 59-3370216 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOYD, THOMAS A JR ESQ
6817 SOUTHPOINT PARKWAY
SUITE 1801
JACKSONVILLE, FL 32216 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: PD ( ) Delete
Name: KOMAROSKI, PETE
Address: 2008 OCEAN DR S
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: V ( ) Delete
Name: KNIGHT, PALMER
Address: 3693 WEXFORD HOLLOW RD E
City-St-Zip: JACKSONVILLE, FL 32224

Title: SD ( ) Delete
Name: ISAAC, ROBERT
Address: 42 TALLWOOD RD
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: T ( ) Delete
Name: ANDERSON, CHRIS
Address: 7906 CHASEMEADOWS DR. W.
City-St-Zip: JACKSONVILLE, FL 32256

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

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: ROBERT ISAAC SD 04/08/2009

Electronic Signature of Signing Officer or Director — Date