## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000002031

FILED Apr 29, 2009 Secretary of State

Entity Name: TALLAHASSEE ADULT RECREATIONAL BASEBALL LEAGUE, INC.

**Current Principal Place of Business:** New Principal Place of Business: 2075 CENTRE POINTE BLVD. 3520 THOMASVILLE RD. TALLAHASSEE, FL 32308 4TH FLOOR TALLAHASSEE, FL 32309 US **Current Mailing Address:** New Mailing Address: 2075 CENTRE POINTE BLVD. 3520 THOMASVILLE RD. 4TH FLOOR TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32309 US FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GOLETZ, SHAWN GOLETZ, SHAWN 3520 THÓMASVILLE RD. 2075 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308 US TALLAHASSEE, FL 32309 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: 04/29/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition GOLETZ, SHAWN Name: GOLETZ, SHAWN Name: 2075 CENTRE POINTE BLVD. Address: 3520 THOMASVILLE RD., 4TH FLOOR Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32309 US (X) Change ( ) Addition Title: ( ) Delete Title: HEISINGER, LEIGH Name: Name: HEISINGER, LEIGH Address: 2075 CENTRE POINTE BLVD. Address: 3520 THOMASVILLE RD., 4TH FLOOR City-St-Zip: TALLAHASSEE, FL 32308 US City-St-Zip: TALLAHASSEE, FL 32309 US Title: () Delete Title: (X) Change ( ) Addition SWAINE, RICK SWAINE, RICK Name: Name: 2075 CENTRE POINTE BLVD. 3520 THOMASVILLE RD., 4TH FLOOR Address: Address: City-St-Zip: TALLAHASSEE, FL 32308 US City-St-Zip: TALLAHASSEE, FL 32309 US Title: () Delete Title: ( ) Change (X) Addition Name: Name: SCOTT, HAMILTON 3520 THOMASVILLE RD., 4TH FLOOR Address: Address: City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32309 US

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: SHAWN GOLETZ P 04/29/2009