2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

or trustee empowered to execute this repo ith an address, with all other like empowers

changed, or on an attachmen

SIGNATURE:

Jan 14, 2008 8:00 am Secretary of State DOCUMENT # N99000007089 01-14-2008 90084 048 ****61.25 MOSLEY BASEBALL DUGOUT CLUB, INC. Principal Place of Business Mailing Address 40000 501 MOSLEY DRIVE PO BOX 6 LYNN HAVEN, FL 32444 LYNN HAVEN, FL 32444 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-3551547 Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Matthews PERRY, BILLY 7103 SOUTH DEERHAVEN ROAD PANAMA CITY, FL 32409 Street Address (P.O. Box Number is Not Acceptable) 1503 Massachusetts Haven 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 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Addition Delete TITLE Hartzog, Kent 508 LORI Ln, Lynn Haven, FL 32444 PERRY, BILLY NAME NAME STREET ADDRESS 7103 SOUTH DEERHAVEN ROAD STREET ADDRESS PANAMA CITY, FL 32409 CITY-ST-ZIP CITY-ST-ZIP VD TILLE TITLE Addition Delete ☐ Change WEGNER, MATT NAME NAME STREET ADDRESS 1108 KRISTANA DRIVE STREET ADDRESS CITY-ST-7IP PANAMA CITY, FL 32405 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MATTHEWS, BYRON NAME NAME STREET ADDRESS 1503 MASSACHUSUTIS AVE. STREET ADDRESS LYNN HAVEN, FL 32444 CITY-ST-ZIP CITY-ST-ZIP TITLE DS Delete TITLE Karen Tucker Addition SINGLETARY, SUSIE NAME NAME 1503 massachusetts Ave 1509 MARYLAND AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LYNN HAVEN, FL 32444 CITY-ST-ZIP TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify 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

FILED

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