2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# N99000007089

Entity Name: MOSLEY BASEBALL DUGOUT CLUB, INC.

Current Principal Place of Business:

501 MOSLEY DRIVE
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

PO BOX 6
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 59-3551547 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MATHEWS, BYRON
1503 MASSACHUSETTS AVE
LYNN HAVEN, FL 32444 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: D ( ) Delete
Name: HARTZOG, KENT
Address: 508 LORI LN
City-St-Zip: LYNN HAVEN, FL 32444

Title: DT ( ) Delete
Name: MATTHEWS, BYRON
Address: 1503 MASSACHUSUTIS AVE.
City-St-Zip: LYNN HAVEN, FL 32444

Title: DS ( ) Delete
Name: TUCKER, KAREN
Address: 1503 MASSACHUSETTS AVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: DV ( ) Change (X) Addition
Name: RUSSELL, KEN
Address: 1804 MASSACHUSETTS AVE
City-St-Zip: LYNN HAVEN, FL 32444

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: BYRON MATTHEWS DT 01/05/2009

Electronic Signature of Signing Officer or Director — Date