2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006
Secretary of State

DOCUMENT# P02000021262

Entity Name: NATURE COAST BASEBALL & SOFTBALL ASSOCIATION INC

Current Principal Place of Business:

798 W. CHAREPLAIN LN.
DUNNELLON, FL 34434

New Principal Place of Business:

798 W. CHAMPLAIN LN.
DUNNELLON, FL 34434

Current Mailing Address:

798 W. CHAREPLAIN LN.
DUNNELLON, FL 34434

New Mailing Address:

798 W. CHAMPLAIN LN.
DUNNELLON, FL 34434

FEI Number: 01-0613582 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARCADIPANE, STEVEN A
798 W. CHAREPLAIN
DUNNELLON, FL 34434 US

Name and Address of New Registered Agent:

ARCADIPANE, STEVEN A
798 W. CHAMPLAIN
DUNNELLON, FL 34434 US

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: _____ 04/17/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ARCADIPANE, STEVEN A
Address: 798 W. CHAREPLAIN LN.
City-St-Zip: DUNNELLON, FL 34434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ARCADIPANE, STEVEN A
Address: 798 W. CHAMPLAIN LN.
City-St-Zip: DUNNELLON, FL 34434

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUCY ARCADIPANE SECR 04/17/2006
Electronic Signature of Signing Officer or Director — Date