2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jun 07, 2004 8:00 am Secretary of State

DOCUMENT # N09260 1. Entity Name PALM BAY YOUTH SOFTBALL ASSOCIATION INC.								06-07-2004	4 90002	. 028 ****6	1.25
Principal Place of Business 1525 NONA STREET, N.E. PALM BAY, FL 32907 US		Mailing Address P.O. BOX 60403 PALM BAY, FL 32906-0403 US									
2. Principal Place of Business		3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					03032004	Chg-NP	CR2E	(10/03)	
City & State	9	City & State					4. FEI Number Applied F. 59-3633483 Not Applied F.			plied For t Applicable	
Zip	Country	y Zip		Со	ountry 5. Certificate of			Status Desired			
ļ	6. Name and Address of Current	Register	ed Agent				7. Name and A	ddress of New	Registere	d Agent	
					Name						
GOELZ, MARY 1525 NONA STREET, N.E. PALM BAY, FL 32907					Street Address (P.O. Box Number is Not Acceptable)						
TALIN BAT, TE 32807											
					City	City FL Zip Code					
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
Filling Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees			eck payable to partment of S		
10. OFFICERS AND DIRECTORS							ADDITIONS/CHAP	NGES TO OFFIC	ERS AND	DIRECTORS IN	10
IITLE	P/D		☐ Delete	TITI	 E	\mathcal{G}				☐ Change	Addition
NAME	GOELZ, MARY			NAM	4E	Rol	Parton				/
STREET ADDRESS	1525 NONA STREET, N.E.			STR	EET ADDRESS	120	L. Holven	strust r	W		
ÇITY-ST-ZIP	PALM BAY, FL 32907			CIT	r-ST-ZIP	Pa	Im Bay	FL 329	107	•	
TITLE	TD		☐ Delete	TIT	.E	1				☐ Change	Addition
NAME	SCAVELLI, DEE			NAJ	ME	Pas	Davids	571 C			ſ
STREET ADDRESS	1020 LEE AVENUE NW			STREET ADDRESS 0		29	6 Carton	21,100			
CITY-ST-ZIP	PALM BAY, FL 32907	BAY, FL 32907			r-st-zip	Yal	m Bm F	1 32901			
TITLE	VPD		☐ Delete	TITI	.E	Q		- <u></u> -		☐ Change	Addition
NAME	COLANTONIO, STEVE			NA	AE .	Los	-i Vadne	9 0.	c		1
STREET ADDRESS	1816 ANDOVER STREET NW				EET ADDRESS	24	2 San R	emo Kd	300		
CITY-ST-ZIP	PALM BAY, FL 32907			CIT	Y-ST-ZIP	Pal	i Vadne 2 San R n Bay	FL 329	oð		
TITLE	D		Delete	TiTI	E	D				☐ Change	Addition
NAME	PATTON, JEFF		, -	NAI	Æ	Sus	ie Taylo	C ~	4 س. م	# In U	/ \
STREET ADDRESS	790 FLETCHER RD., S.E.			STE	EET ADDRESS	300	n wood la	KL Drive	106 -	707	
CITY-ST-ZIP	PALM BAY, FL 32909			CIT	Y-ST-ZIP	PLI	m Bay f	七 3290	5		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an addiges, with all other like empowered.

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

Delete

☐ Defete

SIGNATURE:

PARTON, DEE

1813 CLEVELAND 6

DAVIDSON, KIM

PALM BAY, FL 32907

STREET ADDRESS 996 CANTON ST., N.W.

PALM BAY, FL 3290 7

TITLE

NAME

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dee Scarelli,

Treasurer 5/28

321-794-1960

Daytime Phone #

Change

Change

☐ Addition

☐ Addition