

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09260

FILED
Jul 11, 2007
Secretary of State

Entity Name: PALM BAY YOUTH SOFTBALL ASSOCIATION INC.

Current Principal Place of Business:

1525 NONA STREET, N.E.
PALM BAY, FL 32907 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 60403
PALM BAY, FL 329060403 US

New Mailing Address:

FEI Number: 59-3633483 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GOELZ, MARY
1525 NONA STREET, N.E.
PALM BAY, FL 32907 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: TD () Delete
Name: GOELZ, MARY
Address: 1525 NONA STREET, N.E.
City-St-Zip: PALM BAY, FL 32907 US

Title: VPD () Delete
Name: COLANTONIO, STEVE
Address: 1816 ANDOVER STREET NW
City-St-Zip: PALM BAY, FL 32907

Title: D () Delete
Name: PARTON, ROB
Address: 1386 HELVONTON ST NW
City-St-Zip: PALM BAY, FL 32907

Title: PD () Delete
Name: TAYLOR, RICHARD
Address: 918 CUSTER ST NW
City-St-Zip: PALM BAY, FL 32907

Title: SD () Delete
Name: COLON-JONES, VANESSA
Address: 638 LEMON GROVE AVE., #1
City-St-Zip: MELBOURNE, FL 32904

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: PARTON, DEE
Address: 1386 HELVERTON ST NE
City-St-Zip: PALM BAY, FL 32907

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: MARY T. GOELZ

TD

07/11/2007

Electronic Signature of Signing Officer or Director

Date