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May 11, 1999 8:00 am
Secretary of State

05-11-1999 90026 046 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N28444**

1. Corporation Name
ST. LUCIE COUNTY YOUTH BASEBALL, INC.

Principal Place of Business: 4851 JORGENSEN RD. FT. PIERCE FL 34981 US
 Mailing Address: PO BOX 1845 FT. PIERCE FL 34954 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	5312 Palmetto Dr.	26	PO Box 13322	09/21/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0081390	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
Ft. Pierce FL		Ft. Pierce FL		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
FL 34982		34982		<input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
USA		USA			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
GUETTER, DELANE 4851 JORGENSEN RD. FT. PIERCE FL 34981				81	Name			
				82	Street Address (P.O. Box Number is Not Acceptable)			
				83				
				84	City		85	Zip Code
				Ft. Pierce		FL	34982	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Dawn Casper DAWN CASPER DATE: 3/27/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SHEPPARD, ROSE			1.2 NAME	DAWN CASPER		
STREET ADDRESS	374 NW REBECCA AVE			1.3 STREET ADDRESS	5312 Palmetto Dr.		
CITY-ST-ZIP	PORT ST. LUCIE FL 34983			1.4 CITY-ST-ZIP	Ft. Pierce FL 34982		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	SD	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GUETTER, DELANE			2.2 NAME	MIKKI LEWIS		
STREET ADDRESS	4851 JORGENSEN RD.			2.3 STREET ADDRESS	1708 HISPANA AVE		
CITY-ST-ZIP	FT. PIERCE FL 34981			2.4 CITY-ST-ZIP	Ft. Pierce FL 34982		
TITLE	VPD	<input type="checkbox"/> DELETE		3.1 TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CASPER, MARK			3.2 NAME	DONNA CARMICHAEL		
STREET ADDRESS	5312 PALMETTO DR			3.3 STREET ADDRESS	4816 Pinetree Dr.		
CITY-ST-ZIP	FT. PIERCE FL 34982			3.4 CITY-ST-ZIP	Ft. Pierce FL 34982		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHEPPARD, ROSE			4.2 NAME			
STREET ADDRESS	374 NW REBECCA AVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	PORT ST. LUCIE FL 34983			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA CARMICHAEL **REQUIRED** DATE: 3/27/99 DAYTIME PHONE #: 361-489-6622

CR2E037 (11/98)