

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28444

FILED
Jan 15, 2005
Secretary of State

Entity Name: ST. LUCIE COUNTY YOUTH BASEBALL, INC.

Current Principal Place of Business:

1903 S 29TH STREET
FORT PIERCE, FL 34947 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 13322
FT. PIERCE, FL 34982 US

New Mailing Address:

FEI Number: 65-0081390 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARD, DANA
1903 S 29TH STREET
FORT PIERCE, FL 34947 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: DP () Delete
Name: WARD, DANA
Address: 1903 S 29TH ST
City-St-Zip: FORT PIERCE, FL 34947

Title: DVP () Delete
Name: GOSSER, RICK
Address: 2699 MCNEIL RD
City-St-Zip: FORT PIERCE, FL 34947 US

Title: D () Delete
Name: LOWE, SAMANTHA
Address: 816 S 17TH STREET
City-St-Zip: FORT PIERCE, FL 34950

Title: D () Delete
Name: TOMLINSON, KAREN
Address: 5412 SEAGRAPE DR
City-St-Zip: FORT PIERCE, FL 34982

Title: DS () Delete
Name: WEST, ALICIA
Address: 2502 S 14TH ST
City-St-Zip: FORT PIERCE, FL 34947

Title: DT () Delete
Name: MILLER, SCOTT
Address: 1909 EDGEVALE RD
City-St-Zip: FORT PIERCE, FL 34947

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

Title: DT (X) Change () Addition
Name: BUDDY, WARD
Address: 1903 S. 29TH STREET
City-St-Zip: FT. PIERCE, FL 34947

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DANA WARD

_____ Electronic Signature of Signing Officer or Director

DP

01/15/2005

_____ Date