

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION



FLORIDA DEPARTMENT OF STATE
Sandra S. Northam
DIVISION OF CORPORATIONS

1998

DOCUMENT # 702459 (9)

1. Corporation Name

LAKE WORTH YOUTH BASEBALL LEAGUES INC



Principal Place of Business

Mailing Address

900 NORTH 22ND AVE
LAKE WORTH FL 33460

900 NORTH 22ND AVE
LAKE WORTH FL 33460

3. Date Incorporated or Qualified

05/02/1961

4. FEI Number

23-7134303

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STROHACKER, ROY
1111 CRESTWOOD BLVD.
LAKE WORTH FL 33460

81 Name

PAUL BRILL

82 Street Address (P.O. Box Number is Not Acceptable)

861 WHIPPOORWILL TRAIL

83

84 City

WFB

FL

85 Zip Code
33411

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

Paul F Brill President

(NOTE: Registered Agent signature required when reinstating)

DATE

3/2/98

12. OFFICERS AND DIRECTORS

TITLE PD
NAME STROHACKER, ROY
STREET ADDRESS 1111 CRESTWOOD BLVD.
CITY-ST-ZIP LAKE WORTH FL ☒ DELETE

TITLE SD
NAME PEREZ, RAQUEL
STREET ADDRESS 879 RUTHERFORD LANE
CITY-ST-ZIP WEST PALM BEACH FL ☒ DELETE

TITLE TD
NAME ILEANA MILIAN
STREET ADDRESS 5281 ROBBIE COURT
CITY-ST-ZIP WEST PALM BEACH FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Paul Brill
1.3 STREET ADDRESS 861 WHIPPOORWILL TRAIL
1.4 CITY-ST-ZIP WFB, FL 33411

2.1 TITLE V.P. ☒ Change ☐ Addition
2.2 NAME PATRICK SCHNEIDER
2.3 STREET ADDRESS 4646 BLUE PINE CIRLE
2.4 CITY-ST-ZIP L.W. FL 33463

3.1 TITLE Secretary ☒ Change ☐ Addition
3.2 NAME Holly Cartwright
3.3 STREET ADDRESS 2295 FLORIDA ST
3.4 CITY-ST-ZIP West Palm Beach, FL 33406

4.1 TITLE need two more D's or T's ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 in changed, or on an attachment with an address.

SIGNATURE: Holly Cartwright Holly Cartwright 3/12/98 561-588-2932

CP2E037 (10/97)