

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702459

FILED
Mar 10, 2004
Secretary of State**Entity Name:** LAKE WORTH YOUTH BASEBALL LEAGUES INC**Current Principal Place of Business:**900 22ND AVE NORTH
LAKE WORTH, FL 33460**New Principal Place of Business:****Current Mailing Address:**900 22ND AVE NORTH
LAKE WORTH, FL 33460**New Mailing Address:****FEI Number:** 23-7134303 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**LOWER, JEFF
506 ELIZABETH ROAD
LAKE WORTH, FL 33461 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:** DV () Delete
Name: THOMAS, KENNETH
Address: 1330 WEST PINES STREET
City-St-Zip: LANTANA, FL 33462**Title:** P () Delete
Name: LOWER, JEFF
Address: 506 ELIZABETH ROAD
City-St-Zip: LAKE WORTH, FL 33461**Title:** SD () Delete
Name: THOMAS, ABBY
Address: 1330 WEST PINES STREET
City-St-Zip: LANTANA, FL 33462**Title:** TD () Delete
Name: LOWER, MARIE
Address: 506 ELIZABETH ROAD
City-St-Zip: LAKE WORTH, FL 33461**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:

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: JEFF LOWER

P

03/10/2004

Electronic Signature of Signing Officer or Director

Date