## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 702459**

FILED Jan 14, 2006 Secretary of State

Entity Name: LAKE WORTH YOUTH BASEBALL LEAGUES INC

Current Principal Place of Business: New Principal Place of Business:

900 22ND AVE NORTH LAKE WORTH, FL 33460

Current Mailing Address: New Mailing Address:

900 22ND AVE NORTH PO BOX 904

LAKE WORTH, FL 33460 LAKE WORTH, FL 33460

FEI Number: 23-7134303 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DIMASO, KENNETH 7859 RIDGEWOOD DRIVE LAKE WORTH, FL 33467 US

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:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T () Delete Title: () Change () Addition

 Name:
 MARTINEZ, JENNIFER A
 Name:

 Address:
 5222 CANOE BEND DRIVE
 Address:

 City-St-Zip:
 LAKE WORTH, FL 33463
 City-St-Zip:

Title: DVP ( ) Delete Title: CLM (X) Change ( ) Addition

 Name:
 DIMASO, PAULA
 Name:
 DIMASO, PAULA

 Address:
 7859 RIDGEWOOD DRIVE
 Address:
 7859 RIDGEWOOD DRIVE

City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: LAKE WORTH, FL 33467

Title: CLM ( ) Delete Title: TLD (X) Change ( ) Addition

 Name:
 BISHOP, GARY
 Name:
 BISHOP, GARY

 Address:
 888 GAZZETTA WAY
 Address:
 888 GAZZETTA WAY

City-St-Zip: WEST PALM BEACH, FL 33413 City-St-Zip: WEST PALM BEACH, FL 33413

 $\label{eq:title:S} {\sf Title:} \qquad {\sf S} \qquad (\ ) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf S} \qquad ({\sf X}) \, {\sf Change} \, (\ ) \, {\sf Addition}$ 

 Name:
 WALKER, ROBIN
 Name:
 MARTINEZ, JENNIFER A

 Address:
 6618 RAINWOOD COVE LANE
 Address:
 5222 CANOE BEND DRIVE

 City-St-Zip:
 LAKE WORTH, FL 33463
 City-St-Zip:
 LAKE WORTH, FL 33463

I hereby certify that the information supplied with this filing does not qualify for the 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: JENNIFER MARTINEZ S 01/14/2006