

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # 739191

1. Entity Name
**NORTH BREVARD YOUTH SOFTBALL ASSOCIATION,
INC.**



Principal Place of Business
**P.O. BOX 1118
TITUSVILLE, FL 32781 US**

Mailing Address
**P.O. BOX 1118
TITUSVILLE, FL 32781 US**



02052007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3212211

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SMITH, DON
4115 FOX LAKE ROAD
TITUSVILLE, FL 32796**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000719866
05/01/07-80083-001 70.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PR
SMITH, DON
4115 FOX LAKE ROAD
TITUSVILLE, FL 32796**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR
BEAM, MILLIE
6725 ANECIA AVE.
COCOA, FL 32927**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEC
DUFF, CONNIE
3137 LIONEL ROAD
MIMS, FL 32754**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
BLICKLEY, DANA
3425 HERON LANE
TITUSVILLE, FL 32780**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mildred Beam
Mildred BEAM

4-18-07

321-289-0114