

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 24, 2007
Secretary of State

DOCUMENT# 739191

Entity Name: NORTH BREVARD YOUTH SOFTBALL ASSOCIATION, INC.**Current Principal Place of Business:**P.O. BOX 1118
TITUSVILLE, FL 32781 US**New Principal Place of Business:**1451 N. US HWY 1
TITUSVILLE, FL 32780 US**Current Mailing Address:**P.O. BOX 1118
TITUSVILLE, FL 32781 US**New Mailing Address:****FEI Number:** 59-3212211 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SMITH, DON
4115 FOX LAKE ROAD
TITUSVILLE, FL 32796 US**Name and Address of New Registered Agent:**BOELKE, JOHN
3495 MAEBERT ROAD
MIMS, FL 32754 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: JOHN BOELKE

10/24/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PR () Delete
Name: SMITH, DON
Address: 4115 FOX LAKE ROAD
City-St-Zip: TITUSVILLE, FL 32796**Title:** TR () Delete
Name: BEAM, MILLIE
Address: 6725 ANECIA AVE.
City-St-Zip: COCOA, FL 32927**Title:** SEC () Delete
Name: DUFF, CONNIE
Address: 3137 LIONEL ROAD
City-St-Zip: MIMS, FL 32754**Title:** VP () Delete
Name: BLICKLEY, DANA
Address: 3425 HERON LANE
City-St-Zip: TITUSVILLE, FL 32780**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PR (X) Change () Addition
Name: VAN OOSTEN, MICHELE M
Address: 4775 GUIL DRIVE
City-St-Zip: MIMS, FL 32754**Title:** TR (X) Change () Addition
Name: RECE, KELLY
Address: 4001 HAMMOCK ROAD
City-St-Zip: MIMS, FL 32754**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VP (X) Change () Addition
Name: SMITH, DON
Address: 4115 FOX LAKE ROAD
City-St-Zip: TITUSVILLE, FL 32796

I hereby certify that the information supplied with this filing does not qualify 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: MICHELE M. VAN OOSTEN

PRES

10/24/2007

Electronic Signature of Signing Officer or Director

Date