2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763657

FILED Apr 30, 2004 Secretary of State

Entity Name: NORTH PALM BEACH YOUTH ATHLETIC ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: PO BOX 14682 NORTH PALM BEACH, FL 33408 **Current Mailing Address: New Mailing Address:** PO BOX 14682 NORTH PALM BEACH, FL 33408 FEI Number: 59-2220973 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: MORRISON, BETH ANN TUNIS, TRAVIS B 500 MÁPLEWOOD DRIVE #5 548 OVERLÖOK DR NORTH PALM BEACH, FL 33408 US JUPITER, FL 33458

in the State of Florida.

SIGNATURE: T.B.TUNIS 04/30/2004

Electronic Signature of Registered Agent Date

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition Name: WILLIAMS, TOM Name: Address: 429 DRIFTWOOD RD Address:

Address: 429 DRIFTWOOD RD Address: City-St-Zip: NORTH PALM BEACH, FL 33408 City-St-Zip:

Address: 8520 DOVERBROOK DR Address: 500 MAPLEWOOD DRIVE #5
City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: JUPITER, FL 33458

Title: SO () Delete Title: VPD (X) Change () Addition Name: EMERY, BRUCE Name: EMERY, BRUCE Address: 726 FAIRHAVEN RD Address: 726 FAIRHAVEN RD

Address: 726 FAIRHAVEN RD Address: 726 FAIRHAVEN RD
City-St-Zip: NORTH PALM BEACH, FL 33408 City-St-Zip: NORTH PALM BEACH, FL 33408

Title: TD () Delete Title: SD (X) Change () Addition

 Name:
 MORRISON, BETH
 Name:
 WILLIAMS, MARY

 Address:
 548 OVERLOOK DR
 Address:
 429 DRIFTWOOD RD

City-St-Zip: NORTH PALM BEACH, FL 33408 City-St-Zip: NORTH PALM BEACH, FL 33408

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: T.B. TUNIS TD 04/30/2004