

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000032

FILED
Mar 21, 2008
Secretary of State

Entity Name: CLEWISTON YOUTH BASEBALL, INC.

Current Principal Place of Business:

120 SOUTH WC OWEN AVE
CLEWISTON, FL 33440

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1211
CLEWISTON, FL 33440

New Mailing Address:

FEI Number: 52-1234541

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERRY, ALBERT L
120 SOUTH WC OWEN AVE
CLEWISTON, FL 33440 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: DP () Delete
Name: RIVERA, JESUS
Address: 722 CONCORDIA AVE
City-St-Zip: CLEWISTON, FL 33440

Title: DV () Delete
Name: LOWMAN, TERRY
Address: PO BOX 3321
City-St-Zip: CLEWISTON, FL 33440

Title: DS () Delete
Name: LOWMAN, HEATHER
Address: PO BOX 3321
City-St-Zip: CLEWISTON, FL 33440

Title: DT () Delete
Name: PERRY, ALBERT L
Address: 718 W AVENIDA DEL RIO
City-St-Zip: CLEWISTON, FL 33440

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MILLS, SHIELA
Address: 120 SOUTH WC OWEN AVE
City-St-Zip: CLEWISTON, FL 33440

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 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: ALBERT L PERRY

DT

03/21/2008

Electronic Signature of Signing Officer or Director

Date