



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90025 006 \*\*\*\*61.25

<b>DOCUMENT # N00000004830</b> 1. Entity Name <b>EXTRA INNINGS YOUTH FOUNDATION, INC.</b>					
Principal Place of Business 29605 US 19 N 110 CLEARWATER, FL 33761			Mailing Address 29605 US 19 N 110 CLEARWATER, FL 33761		
2. Principal Place of Business - No P.O. Box # <b>29605 US 19 N</b> Suite, Apt. #, etc. <b>180</b>		3. Mailing Address <b>29605 US 19 N</b> Suite, Apt. #, etc. <b>180</b>			
City & State <b>CLEARWATER FL</b>		City & State <b>CLEARWATER FL</b>		4. FEI Number <b>59-3658694</b>	
Zip <b>33761</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MILCOWITZ, LEONARD ESQ.</b> <b>29605 US 19 N</b> <b>SUITE 110</b> <b>CLEARWATER, FL 33761</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>29605 US 19 N</b> <b>SUITE 180</b> City <b>CLEARWATER</b> <b>FL</b> Zip Code <b>33761</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILCOWITZ, LEONARD 29605 U.S. 19 N, SUITE 110 CLEARWATER, FL 33761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 29605 U.S. 19 N, SUITE 180 CLEARWATER, FL 33761	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYONS, EDWARD J ESQ. 29605 U.S. 19 N, SUITE 110 CLEARWATER, FL 33761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 29605 U.S. 19 N, SUITE 180 CLEARWATER, FL 33761	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSBORN, MIKE PASTOR 28465 U.S. 19 N, SUITE 200 CLEARWATER, FL 33761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____			_____ Leonard Milcowitz		727-787-8555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #