

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004830

FILED  
Mar 27, 2009  
Secretary of State

**Entity Name:** EXTRA INNINGS YOUTH FOUNDATION, INC.

**Current Principal Place of Business:**

29605 US 19 N  
180  
CLEARWATER, FL 33761

**New Principal Place of Business:**

**Current Mailing Address:**

29605 US 19 N  
180  
CLEARWATER, FL 33761

**New Mailing Address:**

**FEI Number:** 59-3658694

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILCOWITZ, LEONARD ESQ.  
29605 US 19 N  
SUITE 180  
CLEARWATER, FL 33761 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: D ( ) Delete  
Name: MILCOWITZ, LEONARD  
Address: 29605 US 19 N SUITE 180  
City-St-Zip: CLEARWATER, FL 33761

Title: D ( ) Delete  
Name: LYONS, EDWARD J ESQ.  
Address: 29605 US 19 N SUITE 180  
City-St-Zip: CLEARWATER, FL 33761

Title: D ( ) Delete  
Name: OSBORN, MIKE PASTOR  
Address: 28465 U.S. 19 N, SUITE 200  
City-St-Zip: CLEARWATER, FL 33761

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: LEONARD MILCOWITZ

D

03/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date