


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90179 039 ****61.25

DOCUMENT # N00000005384

1. Entity Name
ROYAL PALM BEACH YOUTH BASEBALL, INC.



Principal Place of Business Mailing Address

**147 RIVERA AVENUE
ROYAL PALM BEACH FL 33411** **P.O. BOX 211722
R.P.B. FL 33421**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

65-1042265 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent

**INFANTE, MICHAEL
1159 ROYAL PALM BCH BLVD
ROYAL PALM BEACH FL 33411**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	INFANTE, MICHAEL	
STREET ADDRESS	147 RIVERA AVENUE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RETZLER, KIMBERLY	
STREET ADDRESS	109 STIRRUP LANE	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MILLS, MELISSA J	
STREET ADDRESS	132 PARK RD. N	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLEEK, JEFF	
STREET ADDRESS	118 PONCE DE LEON ST	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURDO, RITA	
STREET ADDRESS	142 SANTA MONICA AVENUE	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	D	<input type="checkbox"/> Delete
NAME	SETTER, CHERYL	
STREET ADDRESS	100 ALMERIA ST.	
CITY-ST-ZIP	ROYAL PALM BCH FL 33411	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kelley Striano	
STREET ADDRESS	11953 56th Place North	
CITY-ST-ZIP	West Palm Beach FL 33411	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: Melissa Mills Melissa J. Mills 2006 SD-7980021