


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90073 046 ****61.25

| | | | | | |
|--|----------------------------|--|--|---|--|
| DOCUMENT # N00000005384 | | | |  | |
| 1. Entity Name ROYAL PALM BEACH YOUTH BASEBALL, INC. | | | | | |
| Principal Place of Business 147 RIVERA AVENUE ROYAL PALM BEACH, FL 33411 | | | Mailing Address P.O. BOX 211722 R.P.B., FL 33421 | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| INFANTE, MICHAEL 1159 ROYAL PALM BCH BLVD ROYAL PALM BEACH, FL 33411 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | FL |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | INFANTE, MICHAEL | | NAME | | |
| STREET ADDRESS | 147 RIVERA AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | ROYAL PALM BEACH, FL 33411 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STRIANO, KELLEY | | NAME | | |
| STREET ADDRESS | 11953 56TH PLACE N | | STREET ADDRESS | 160 Par Drive | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33411 | | CITY-ST-ZIP | Royal Palm Beach, Fl 33411 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MILLS, MELISSA J | | NAME | Amy Grushon | |
| STREET ADDRESS | 132 PARK RD. N | | STREET ADDRESS | 121 Jay Ct | |
| CITY-ST-ZIP | ROYAL PALM BEACH, FL 33411 | | CITY-ST-ZIP | Royal Palm Beach, Fl 3341 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SLEEK, JEFF | | NAME | | |
| STREET ADDRESS | 118 PONCE DE LEON ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | ROYAL PALM BEACH, FL 33411 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BURDO, RITA | | NAME | Michael Davis | |
| STREET ADDRESS | 142 SANTA MONICA AVENUE | | STREET ADDRESS | 109 Suffolk Dr | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33411 | | CITY-ST-ZIP | Royal Palm Beach, Fl 33411 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SETTER, CHERYL | | NAME | | |
| STREET ADDRESS | 100 ALMERIA ST. | | STREET ADDRESS | | |
| CITY-ST-ZIP | ROYAL PALM BCH, FL 33411 | | CITY-ST-ZIP | | |
| 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. | | | | | |
| SIGNATURE: <i>Kelley Striano, Kelley Striano</i> | | | Date: <i>5/1/07</i> | | Daytime Phone #: <i>5616762683</i> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

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4. FEI Number 65-1042265 Applied For Not Applicable

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