2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004
Secretary of State

DOCUMENT# N01000007060

Entity Name: NATIONAL ASSOCIATION OF AMATEUR BALL PLAYERS INC.

Current Principal Place of Business:

8640 ETHANS GLEN TERRACE
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

8640 ETHANS GLEN TERRACE
JACKSONVILLE, FL 32256

New Mailing Address:

P.O. BOX 19476
JACKSONVILLE, FL 32245

FEI Number: 59-3753692 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRACKEN, CATHY L
8825 PERIMETER PARK BLVD
SUITE 404
JACKSONVILLE, FL 32216

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: PD ( ) Delete
Name: BRACKEN, CATHY L
Address: 8640 ETHANS GLEN TERRACE
City-St-Zip: JACKSONVILLE, FL 32256

Title: DC ( ) Delete
Name: BURGESS, YUSEF J
Address: 1037 EAST 233RD STREET
City-St-Zip: BRONX, NY 10466

Title: DP ( ) Delete
Name: BRACKEN, RICKY L
Address: 8640 ETHANS GLEN TERRACE
City-St-Zip: JACKSONVILLE`, FL 32256

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 for the exemption stated in Section 119.07(3)(i), 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: RICKY BRACKEN PD 04/16/2004

Electronic Signature of Signing Officer or Director — Date