

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 21, 2006  
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:**

P.O. BOX 19476  
JACKSONVILLE, FL 32245

**New Mailing Address:**

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 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: 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 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: RICKY BRACKEN

DP

02/21/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date