

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 15, 2004 08:00 AM
Secretary of State**

DOCUMENT # N02000001365

1. Entity Name
FLORIDA AMATEUR BASEBALL ASSOCIATION, INC.



Principal Place of Business
**2700 BAYNAN RD.
C-2
BOCA RATON, FL 33432**

Mailing Address
**2700 BAYNAN RD.
C-2
BOCA RATON, FL 33432**



03102004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2286934

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COWEN, JAMES
2700 BANYAN RD.
C-2
BOCA RATON, FL 33432**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000089359
03/15/04-80088-025 61.25**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COWEN, JAMES
STREET ADDRESS	2700 BANYAN RD. C-2
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	VP
NAME	BUSH, FRED
STREET ADDRESS	1540 NW 1ST AVE.
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	S
NAME	ROBERTS, MIKE
STREET ADDRESS	793 NW 123 DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/04

Date

954-757-1909

Daytime Phone #