

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2009  
Secretary of State**

DOCUMENT# N02000002109

Entity Name: WELLINGTON TRAVEL BASEBALL, INC.

**Current Principal Place of Business:**

721 PINE CLUB LANE  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

721 PINE CLUB LANE  
WELLINGTON, FL 33414

**New Mailing Address:**

FEI Number: 03-0421244      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE, FL 333114132 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: D      ( ) Delete  
Name: ADAMETZ, LESLIE  
Address: 721 PINE CLUB LANE  
City-St-Zip: WELLINGTON, FL 33414

Title: D      ( ) Delete  
Name: TOSNER, CATHY  
Address: 721 PINE CLUB LANE  
City-St-Zip: WELLINGTON, FL 33414

Title: D      ( ) Delete  
Name: CANAVAN, DENISE  
Address: 721 PINE CLUB LANE  
City-St-Zip: WELLINGTON, FL 33414

Title: D      ( ) Delete  
Name: MURRELL, AMANDA  
Address: 721 PINE CLUB LANE  
City-St-Zip: WELLINGTON, FL 33414

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: RAMOS, MARISOL  
Address: 721 PINE CLUB LANE  
City-St-Zip: WELLINGTON, FL 33414

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      ( ) Change (X) Addition  
Name: GALLICIO, ROSEMARY  
Address: 721 PINE CLUB LANE  
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify 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: LESLIE ADAMETZ

VP

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date