

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004069

FILED  
May 01, 2005  
Secretary of State

**Entity Name:** NEW TAMPA KRUSH YOUTH BASEBALL CLUB, INC.

**Current Principal Place of Business:**

9333 WELLINGTON PARK CR  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

9333 WELLINGTON PARK CR  
TAMPA, FL 33647

**New Mailing Address:**

FEI Number: 20-0035669      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

INCORPORATE USA, INC.  
3150 SANDY RIDGE DR  
CLEARWATER, FL 33761      US

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: NELSON, ROBERT F  
Address: 9333 WELLINGTON PARK CR  
City-St-Zip: TAMPA, FL 33647

Title: D      ( ) Delete  
Name: BACON, D. KEVIN  
Address: 9212 PINE ISLAND CT  
City-St-Zip: TAMPA, FL 33647

Title: D      ( ) Delete  
Name: NELSON, KATHRYN C  
Address: 9333 WELLINGTON PARK CR  
City-St-Zip: TAMPA, FL 33647

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

Title: D      (X) Change ( ) Addition  
Name: NELSON, ROBERT F  
Address: 9333 WELLINGTON PARK CR  
City-St-Zip: TAMPA, FL 33647

Title: PD      (X) Change ( ) Addition  
Name: SPROAT, JEFF  
Address: ST. CROIX ISLE DR  
City-St-Zip: TAMPA, FL 33647

Title: D      (X) Change ( ) Addition  
Name: EBER, RICHARD S  
Address: 9411 ROCKROSE DR  
City-St-Zip: TAMPA, FL 33647

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: ROBERT F NELSON

D

05/01/2005

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

\_\_\_\_\_  
Date