

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000011015

FILED
Feb 05, 2004
Secretary of State**Entity Name:** NAPLES YOUTH BASEBALL CLUBS, INC.**Current Principal Place of Business:**23430 OLD MEADOWBROOK CIR
BONITA SPRINGS, FL 34134**New Principal Place of Business:****Current Mailing Address:**23430 OLD MEADOWBROOK CIR
BONITA SPRINGS, FL 34134**New Mailing Address:****FEI Number:** 20-0537179**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RODRIGUEZ, ANTONIO
23430 OLD MEADOWBROOK CIR
BONITA SPRINGS, FL 34134**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: () Delete
Name:
Address:
City-St-Zip:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OFCR () Change (X) Addition
Name: MOSCATO, CAROLYN
Address: 3828 PARKVIEW LANE
City-St-Zip: NAPLES, FL 34103

Title: PRES () Change (X) Addition
Name: JACKSON, DARVIN
Address: 6290 CEDAR TREE LANE
City-St-Zip: NAPLES, FL 34118

Title: VP () Change (X) Addition
Name: RODRIGUEZ, ANTONIO
Address: 23430 OLDE MEADOWBROOK CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SECY () Change (X) Addition
Name: JONES, SUSAN
Address: 499 PALM CIRCLE EAST
City-St-Zip: NAPLES, FL 34102

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: ANTONIO RODRIGUEZ

VP

02/05/2004

Electronic Signature of Signing Officer or Director

Date