


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90097 034 ****61.25

DOCUMENT # N06000010151					
1. Entity Name FLORIDA ELITE BASEBALL ASSOCIATES, INC.					
Principal Place of Business 658 BROWNING TERR. SEBASTIAN, FL 32958			Mailing Address 658 BROWNING TERR. SEBASTIAN, FL 32958		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 22-3943450	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS YOUNG, GEORGE T III 658 BROWNING TERR. SEBASTIAN, FL 32958		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Change		Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BUSTABAD, ZOILA 658 BROWNING TERR. SEBASTIAN, FL 32958		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Change		Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change		Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change		Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change		Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change		Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-30-07 712-564-4288 <small>Date Daytime Phone #</small>		



03302007 Chg-NP CR2E037 (12/06)