## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000002546

City-St-Zip:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address: City-St-Zip: TAMPA, FL 33604

PITCHER, HEATHER

TAMPA, FL 33603

ROMANO, TRACY

TAMPA, FL 33604

1710 W. ELDRED DRIVE

2112 W. KIRBY CIRCLE

( ) Delete

(X) Delete

Entity Name: WELLSWOOD YOUTH BASEBALL, INC.

FILED Apr 25, 2008 Secretary of State

Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
4504 NORTH ARMENIA AVENUE TAMPA, FL 33603				4901 N. HOWARD AVENUE TAMPA, FL 33603		
Current Mailing Address:			New Maili	New Mailing Address:		
4504 NORTH ARMENIA AVENUE TAMPA, FL 33603				P.O. BOX 15724 TAMPA, FL 33684		
FEI Number: 14-2002626 FEI Number Applied For ( ) FEI I			FEI Number Not App	umber Not Applicable ( ) Certificate of Status Desired ( )		
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
DARRIGO, RONALD D ESQ. 4504 NORTH ARMENIA AVENUE TAMPA, FL 33603 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			t		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DARRIGO, RON	RMENIA AVENUE	Title: Name: Address: City-St-Zip:	P (X RUSSO, PAT 4105 WATROU TAMPA, FL 33		
Title: Name: Address: City-St-Zip:	V () CALDEVILLA, R 10411 CARROL TAMPA, FL 336	L COVE PLACE	Title: Name: Address: City-St-Zip:	SENNOTT, ER	MEADE BOULEVARD	
Title: Name: Address: City-St-Zip:	T () SALADINO, HEL 2907 W. OSBOF TAMPA, FL 336	RNE	Title: Name: Address: City-St-Zip:	V (X CASTRO, ROE 2805 AUBURN TAMPA, FL 33	AVENUE	
Title: Name: Address:	S () FERNANDEZ, M 1110 WILLOW F		Title: Name: Address:	(	) Change ( ) Addition	

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.

City-St-Zip: Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: MICHELLE FERNANDEZ S 04/25/2008

(X) Change ( ) Addition

() Change () Addition

ROMANO, TRACY

TAMPA, FL 33604

2112 W. KIRBY CIRCLE