2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N07000002546

Entity Name: WELLSWOOD YOUTH BASEBALL, INC.

Current Principal Place of Business:

4901 N. HOWARD AVENUE
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15724
TAMPA, FL 33684

New Mailing Address:

FEI Number: 14-2002626 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DARRIGO, RONALD D ESQ.
4504 NORTH ARMENIA AVENUE
TAMPA, FL 33603 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: P ( ) Delete
Name: RUSSO, PAT
Address: 4105 WATROUS AVENUE
City-St-Zip: TAMPA, FL 33629

Title: V ( ) Delete
Name: SENNOTT, ERIC
Address: 16207 BELLE MEADE BOULEVARD
City-St-Zip: ODESSA, FL 33556

Title: V (X) Delete
Name: CASTRO, RODNEY
Address: 2805 AUBURN AVENUE
City-St-Zip: TAMPA, FL 33614

Title: S ( ) Delete
Name: FERNANDEZ, MICHELLE
Address: 1110 WILLOW PINE COURT
City-St-Zip: TAMPA, FL 33604

Title: T ( ) Delete
Name: ROMANO, TRACY
Address: 2112 W. KIRBY CIRCLE
City-St-Zip: TAMPA, FL 33604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: MICHELLE FERNANDEZ S 04/07/2009

Electronic Signature of Signing Officer or Director — Date