

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005740

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: LAKE WORTH HURRICANES TRAVEL BASEBALL, INC.

**Current Principal Place of Business:**

4129 FOSS ROAD  
LAKE WORTH, FL 33461 US

**New Principal Place of Business:**

**Current Mailing Address:**

4129 FOSS ROAD  
LAKE WORTH, FL 33461 US

**New Mailing Address:**

FEI Number: 26-0323225

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROACH, RAYMOND  
4129 FOSS ROAD  
LAKE WORTH, FL 33461 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: ROACH, RAYMOND  
Address: 4129 FOSS ROAD  
City-St-Zip: LAKE WORTH, FL 33461

Title: VP ( ) Delete  
Name: SOTOMAYOR, EDWIN  
Address: 4936 SARATOGA ROAD  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VP/S ( ) Delete  
Name: MARTINEZ, JENNIFER  
Address: 5222 CANOE BEND DR  
City-St-Zip: LAKE WORTH, FL 33463

Title: T ( ) Delete  
Name: ROACH, GRACE  
Address: 4129 FOSS ROAD  
City-St-Zip: LAKE WORTH, FL 33461

**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:

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: RAYMOND ROACH

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date