


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N18851 (8) 1. Corporation Name BOCA RATON YOUTH BASEBALL, INC.					
Principal Place of Business P O BOX 810422 BOCA RATON FL 33481			Mailing Address P O BOX 810422 BOCA RATON FL 33481		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/22/1987	
				4. FEI Number 59-2507590-05-0071553	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent D'ANTONIO, NELSON N 4125 NW 24TH AVE BOCA RATON FL 33431				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City FL 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	PD
NAME	D'ANTONIO, NELSON N	1.2 NAME	MEER, DAVID
STREET ADDRESS	4125 NW 24TH AVE	1.3 STREET ADDRESS	23411 SAN REMO DRIVE
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	PD	2.1 TITLE	VD
NAME	KAUFMAN, LAURA	2.2 NAME	CHRIS KERSICH
STREET ADDRESS	5501 COASTAL DRIVE	2.3 STREET ADDRESS	2576 NW 45 STREET
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	BOCA RATON FL 33434
TITLE	TD	3.1 TITLE	TD
NAME	KAUFMAN, LAURA	3.2 NAME	O'CONNELL, ROBERT
STREET ADDRESS	7124 MARIANA CT	3.3 STREET ADDRESS	1160 SW 20 Avenue
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	BOCA RATON FL 33486
TITLE	SD	4.1 TITLE	SD
NAME	BERGMAN, DEBBIE	4.2 NAME	KATHY CARUSO
STREET ADDRESS	275 SOUTH EAST SPANISH TRAIL	4.3 STREET ADDRESS	21800 BANYANWOOD RD
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	PD	5.1 TITLE	
NAME	LEVITETZ, JEFF	5.2 NAME	
STREET ADDRESS	7134 MELROSE CASTLE LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	
NAME	TUKE, JILL	6.2 NAME	
STREET ADDRESS	1820 SOUTH PARKSIDE CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

David Meek DAVID MEER 11/18/98 (954) 480-9100

CR2E037 (10/97)