

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18851

Entity Name: BOCA RATON YOUTH BASEBALL, INC.

FILED
Apr 25, 2004
Secretary of State

Current Principal Place of Business:

4620 NW. 1 AVE #51
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

P O BOX 810422
BOCA RATON, FL 33481

New Mailing Address:

FEI Number: 65-0071553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'CONNELL, ROBERT
1160 S.W. 20 AVE.
BOCA RATON, FL 33486 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: PD () Delete
Name: ALFORD, JIM
Address: 1246 S.W 13 PLACE
City-St-Zip: BOCA RATON, FL 33486

Title: SD () Delete
Name: STANIEWICZ, LUCY
Address: 3048 NW 27 TERR
City-St-Zip: BOCA RATON, FL 33434

Title: TD () Delete
Name: CRUICKSHANK, JIM
Address: 20810 SONRISA WAY
City-St-Zip: BOCA RATON, FL 33434

Title: VD () Delete
Name: COOPER, BARRY
Address: 669 SW 3RD ST
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: SHANNON, MIKE
Address: 2920 NW 27 AVE
City-St-Zip: BOCA RATON, FL 33434

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JIM ALFORD

PD

04/25/2004

Electronic Signature of Signing Officer or Director

Date