

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18851

FILED  
Jan 17, 2005  
Secretary of State

Entity Name: BOCA RATON YOUTH BASEBALL, INC.

**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: SHANNON, MIKE  
Address: 2920 NW 27 AVE  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: SCHIFANI, MARK  
Address: 2161 NW 28 STREET  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

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

01/17/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date