## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18851

FILED Apr 30, 2008 Secretary of State

Entity Name: BOCA RATON YOUTH BASEBALL, INC.

Current Principal Place of Business: New Principal Place of Business:

4620 NW. 1 AVE #51 3500 NW BOCA RATON BLVD. #616

BOCA RATON, FL 33431 BOCA RATON, FL 33431

Current Mailing Address: New Mailing Address:

4260 NW 1 AVE #51 3500 NW BOCA RATON BLVD. #616

BOCA RATON, FL 33431 BOCA RATON, FL 33431

FEI Number: 65-0071553 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

O'CONNELL, ROBERT RIESS, DANIELLE D EXECDIR 1160 S.W. 20 AVE. 1270 SW 4TH STREET

BOCA RATON, FL 33486 US BOCA RATON, FL 33486 US

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: DANIELLE D RIESS 04/30/2008

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 ALFORD, JIM
 Name:
 ZUCKERMAN, P. BENJAMIN

 Address:
 1246 S.W 13 PLACE
 Address:
 2050 PARKSIDE CIRCLE SOUTH

 City-St-Zip:
 BOCA RATON, FL 33486
 City-St-Zip:
 BOCA RATON, FL 33486

Title: SD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 STECKROTH, CATHY
 Name:

 Address:
 800 DOVER STREET
 Address:

 City-St-Zip:
 BOCA RATON, FL 33487
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 MORTON, DUNCAN
 Name:

 Address:
 850 SW 4 STREET
 Address:

 City-St-Zip:
 BOCA RATON, FL 33486
 City-St-Zip:

 $\label{eq:title: VD (X) Change () Addition} \begin{picture} Title: & VD & (X) Change () Addition \\ \end{picture}$ 

 Name:
 ZUCKERMAN, P. BENJAMIN
 Name:
 BLOOM, DAVE

 Address:
 2050 PARKSIDE CIRCLE SOUTH
 Address:
 7736 LA MIRADA DRIVE

 City-St-Zip:
 BOCA RATON, FL 33486
 City-St-Zip:
 BOCA RATON, FL 33433

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: CATHY STECKROTH SD 04/30/2008