


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90560 036 \*\*\*\*61.25

<b>DOCUMENT # N34762</b> 1. Entity Name LAKELAND CITY BASEBALL LEAGUES, INC.					
Principal Place of Business 3700 CLEVELAND HGTS BLVD LAKELAND, FL 33803			Mailing Address P.O. BOX 2702 LAKELAND, FL 33806-2702		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2973276	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HULCHER, JUDY L 823 DEMINGTON STREET LAKELAND, FL 33801				7. Name and Address of New Registered Agent Name <u>Jessica L. Chrystal</u> Street Address (P.O. Box Number is Not Acceptable) <u>725 E. Laurel Pointe Dr.</u> City <u>Lakeland</u> <u>FL</u> Zip Code <u>33813</u>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Jessica Chrystal, Treasurer</u> <u>3/25/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LATHAM, ROBERT PO BOX 1821 LAKELAND, FL 338021821	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Allen Brown 6331 Tierra Vista Cir. Lakeland, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HULCHER, JUDY L 823 DEMINGTON ST LAKELAND, FL 33803	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Jessica Chrystal 725 E. Laurel Pointe Dr. Lakeland, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROCKHOLD, ROBIN 4629 DILWYN DR. LAKELAND, FL 33813	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President David Scott 3661 Ashting Dr. Lakeland, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Dick Greene 1705 Itcheparkesassa Dr. Lakeland, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Jessica L. Chrystal</u> <u>3/25/05</u> <u>863-838-1798</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					