

FILE NOW: FILING FEE IS \$61.25

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90102 019 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46030

1. Corporation Name

**MEN'S BASEBALL ASSOCIATION OF PALM BEACH COUNTY,
INC.**

Principal Place of Business

1542 MAYPOP RD
WEST PALM BEACH FL 33415
US

Mailing Address

1542 MAYPOP RD
WEST PALM BEACH FL 33415
US



2. Principal Place of Business

21 **SAME**

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 **SAME**

Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/13/1991

4. FEI Number

65-0299456

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**EDMISTON, ROBERT J
1801 STONEHAVEN DRIVE
BOYNTON BEACH FL 33462**

10. Name and Address of New Registered Agent

81 Name

82 Street

83 City

84 City

FL

85 Zip Code

33415

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 **Robert J. Edmiston**
Signature, typed or printed name of registered agent and date if applicable.

ROBERT J. Edmiston - V

3-24-99

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE

NAME **PAYNE, KEVIN**
STREET ADDRESS **5560 GOLDEN EAGLE CIRCLE**
CITY-ST-ZIP **P.B. GARDENS FL 33418**

TITLE **VD** ☐ DELETE

NAME **MOLINAROS CARLOS**
STREET ADDRESS **2317 N CONGRESS AVE APT 31**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **P** ☐ DELETE

NAME **ALONSO, ROBERT**
STREET ADDRESS **1542 MAYPOP ROAD**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **SD** ☐ DELETE

NAME **RANDALL, JIM**
STREET ADDRESS **6595 MASSACHUSETTS DR.**
CITY-ST-ZIP **LANTANA FL 33466**

TITLE **V** ☐ DELETE

NAME **EDMISTON, BOB**
STREET ADDRESS **1801 STONEHAVEN DR.**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **VD** ☐ DELETE

NAME **EATON, CRAIG**
STREET ADDRESS **3307 BALUSROL LANE**
CITY-ST-ZIP **LAKE WORTH FL 33467**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

Robert J. Edmiston

3-24-98

561-737-9541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)