2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2004 8:00 am Secretary of State

DOCUMENT # N49188 1. Entity Name LAKE CITY/COLUMBIA COUNTY YOUTH BASEBALL, INC.					04-23-2004 90262 002 ****61.25					
Principal Place of Business P.O. BOX 1845 LAKE CITY, FL 32056		Mailing Address P.O. BOX 1845 LAKE CITY, FL 32056					PAGOOG			
2. Principal Pla	and of Ricinass	3. Mailing Address								
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			03182004	Chg-NP	CR2E03	7 (10/03)		
City & State		City & State			4. FEI Number 59-3121			_ 	plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate of	f Status Desire		\$8.75 Add Fee Required		
	6. Name and Address of Current Re	egistered Agent			7. Name and /	Address of Ne	w Registered A	\gent		
MUENCHEN, JOHN R.				Name						
4158 W. US HWY, 90 LAKE CITY, FL 32005			Street	Street Address (P.O. Box Number is Not Acceptable)						
	, 52555						000			
			City				FL	Zip Code		
	named entity submits this statement for the constant of registered agent.	he purpose of changing its	registered office	or register	red agent, or both	, in the State o	of Florida. I am f	amiliar with,	and accept	
SIGNATURE _									ļ	
	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE	: Registered Agent sign	ature required	when reinstating)		DATE			
	Signature, typed or printed name of registered agent and Filling Fee is \$61.25 Due by May 1, 2004	<u> </u>	npaign Financing	ature required	\$5.00 May Be Added to Fees	,	Make check			
	Filing Fee is \$61.25	9. Election Carr Trust Fund C	npaign Financing		\$5.00 May Be		Make check Florida Depart	RECTORS IN	tate	
10. TITLE	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIRE	9. Election Carr Trust Fund C	npaign Financing contribution.		\$5.00 May Be Added to Fees		Make check Florida Depart	tment of St	tate	
10. TITLE NAMË	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIRE SD CAMMY, SCOTT	9. Election Cam Trust Fund C	npaign Financing contribution.		\$5.00 May Be Added to Fees		Make check Florida Depart	RECTORS IN	tate	
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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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/04

386-755-0877

Daytime Phone #