

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N49188

1. Entity Name
LAKE CITY/COLUMBIA COUNTY YOUTH BASEBALL, INC.



Principal Place of Business Mailing Address
P.O. BOX 1845 P.O. BOX 1845
LAKE CITY, FL 32056 LAKE CITY, FL 32056

DO NOT WRITE IN THIS SPACE



03072005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3121410 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MUENCHEN, JOHN R.
4158 W. US HWY, 90
LAKE CITY, FL 32005

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD CAMMY, SCOTT PO BOX 1845 BALLPARK GLEN LAKE CITY, FL 32056 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MURPHY, TIM P.O. BOX 1845 S.W. BALLPARK GLEN LAKE CITY, FL 32056 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MUENCHEN, JOHN 4158 W. US HWY, 90 LAKE CITY, FL 32055 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DAVIS, DAVID P.O. BOX 1845 LAKE CITY, FL 32056 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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03/10/05-80025-010 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/05

Date

386-755-0877

Daytime Phone #