

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49188

FILED  
Apr 30, 2009  
Secretary of State

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

**Current Principal Place of Business:**

SW BALLPARK GLN  
LAKE CITY, FL 32056

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1845  
LAKE CITY, FL 32056

**New Mailing Address:**

**FEI Number:** 59-3121410

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MUENCHEN, JOHN R  
4158 WEST US HIGHWAY 90  
LAKE CITY, FL 32005 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: CRIBBS, LISA  
Address: PO BOX 1845 SW BALLPARK GLEN  
City-St-Zip: LAKE CITY, FL 32056

Title: PD ( ) Delete  
Name: SWEAT, NATH  
Address: P.O. BOX 1845 SW BALLPARK GLEN  
City-St-Zip: LAKE CITY, FL 32056

Title: TD ( ) Delete  
Name: MUENCHEN, JOHN R  
Address: 4158 WEST US HIGHWAY 90  
City-St-Zip: LAKE CITY, FL 32055

Title: VP ( ) Delete  
Name: THOMAS, SHAWN  
Address: P.O. BOX 1845 SW BALLPARK GLEN  
City-St-Zip: LAKE CITY, FL 32056

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: MINSON, LEE  
Address: PO BOX 1845 SW BALLPARK GLEN  
City-St-Zip: LAKE CITY, FL 32056

Title: PD (X) Change ( ) Addition  
Name: CERVANTES, TAD  
Address: P.O. BOX 1845 SW BALLPARK GLEN  
City-St-Zip: LAKE CITY, FL 32056

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOHN R MUENCHEN

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04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date