

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mertham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000002782 (1)
1. Corporation Name
WELLINGTON YOUTH BASEBALL, INC.



Principal Place of Business 1625 FARMINGTON CIR #1-C WELLINGTON FL 33414 US	Mailing Address 1625 FARMINGTON CR #1-C WELLINGTON FL 33414 US
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3. Date Incorporated or Qualified
06/21/1993

4. FEI Number 65-0418984	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

KOLOMAN, MAX J
2020 S. CONGRESS AVE.
#10
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name WILLIAM G. SHOFSTALL
82 Street Address (P.O. Box Number is Not Acceptable) 828 SQUIRE DR.
83
84 City WELLINGTON FL 85 Zip Code 33414

11. Pursuant to the provisions of Sections 617.0502 and 617.1509, 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: *[Signature]* DATE: **1/12/98**

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HASLUP BARRY	
STREET ADDRESS	PO BOX 267	
CITY-ST-ZIP	LOXATCHEE FL	N/A
TITLE	TD	<input type="checkbox"/> DELETE
NAME	YOUNG, ROBERT A	
STREET ADDRESS	1625 FARMINGTON CIR	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HOEWING, JANIS	
STREET ADDRESS	13427 KINGSBURY DR	
CITY-ST-ZIP	WELLINGTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *[Signature]*

CR2E037 (10/97)