

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002782

FILED
May 12, 2004
Secretary of State**Entity Name:** WELLINGTON YOUTH BASEBALL, INC.**Current Principal Place of Business:**11700 PIERSON RD
WELLINGTON, FL 33414 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 480
LOXAHATCHEE, FL 33470 US**New Mailing Address:****FEI Number:** 65-0418984**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**SWARTZ, ROCHELLE
2390 SEAFORD DRIVE
WELLINGTON, FL 33414 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:** PD () Delete
Name: SWARTZ, ROCHELLE
Address: 2390 SEAFORD DRIVE
City-St-Zip: WELLINGTON, FL 33414**Title:** VPD () Delete
Name: MALONE, TOM
Address: 13055 ALBRIGHT CT #17
City-St-Zip: WELLINGTON, FL 33414**Title:** TD () Delete
Name: CANNAVO, MARC
Address: 14663 HORSE SHOE TRACE
City-St-Zip: WELLINGTON, FL 33414**Title:** SD () Delete
Name: BILLI, JOE
Address: 1741 CORSICA DRIVE
City-St-Zip: WELLINGTON, FL 33414**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**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 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 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: ROCHELLE SWARTZ

PD

05/12/2004

Electronic Signature of Signing Officer or Director

Date