


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000002782	
1. Entity Name WELLINGTON YOUTH BASEBALL, INC.	

Principal Place of Business 11700 PIERSON RD WELLINGTON, FL 33414 US	Mailing Address PO BOX 480 LOXAHATCHEE, FL 33470 US
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04272005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0418984	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ADRIAN, STEVE 12925 MEADOWBEND DRIVE WELLINGTON, FL 33414
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000344175 04/29/05-80125-017 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STOCKTON, ELIZABETH 15910 LISBON COURT WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD ADRIAN, STEVEN 12925 MEADOWBEND DRIVE WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ADRIAN, STEVEN 12925 MEADOWBEND DRIVE WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD STOCKTON, ELIZABETH 15910 LISBON COURT WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Elizabeth Stockton Elizabeth Stockton 4/27/05 (Sb) 784-5887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #