


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90084 029 \*\*\*\*61.25

<b>DOCUMENT # N93000002782</b> 1. Entity Name <b>WELLINGTON YOUTH BASEBALL, INC.</b>					
Principal Place of Business <b>11700 PIERSON RD WELLINGTON, FL 33414 US</b>			Mailing Address <b>13833 WELLINGTON TRACE E-4 PO BOX 480 WELLINGTON, FL 33414 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0418984</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>STOCKTON, ELIZABETH MRS. 15910 LISBON CT. WELLINGTON, FL 33414</b>				Name <b>Rochelle Swartz</b> Street Address (P.O. Box Number is Not Acceptable) <b>2390 Seaford Drive</b> City <b>Wellington</b> <b>FL</b> Zip Code <b>33414</b>	
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 <b>Rochelle Swartz (Rochelle Swartz)</b> <small>Signature, typed or printed name of registered agent and type if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				3/15/07 <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD STOCKTON, ELIZABETH 15910 LISBON CT. WELLINGTON, FL 33414</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD Jimmy Mc Mullen 2197 Balsam Way Wellington, FL 33414</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD BERGMAN, LAURIE 13608 GREENTREE TR. WELLINGTON, FL 33414</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Donato Mallardo VPD 2290 Stotesbury Way Wellington, FL 33414</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD WESCOTT, TERRI 134 SARATOGA BLVD. E. ROYAL PALM BEACH, FL 33411</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD SWARTZ, ROCHELLE 2390 SEAFORD DRIVE WELLINGTON, FL 33414</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE: Rochelle Swartz Rochelle Swartz</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3/15/07 <small>Date</small>	
				361-707-7827 <small>Daytime Phone #</small>	