

ANNUAL REPORT  
1995

Secretary of State  
DIVISION OF CORPORATIONS

FILED

95 MAY -1 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000002799 (5)**  
1. Corporation Name  
**NEW SMYRNA BEACH YOUTH BASEBALL, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**418 CANAL ST  
NEW SMYRNA BEACH FL 32168**      **P O BOX 428  
NEW SMYRNA BEACH FL 32170**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**06/16/1993**      **05/01/1994**

4. FEI Number      Applied For  
**59-3186490**      Not Applicable

2. Principal Place of Business      2a. Mailing Address  
21      26  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27  
City & State      City & State  
23      28  
Zip      Country      Zip      Country  
24      25      29      30

5. Certificate of Status Desired       \$0.75 Additional Fee Required

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status       \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent  
**PETERSON, SID C JR  
418 CANAL ST  
NEW SMYRNA BEACH FL 32168**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      85 Zip Code  
**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	<b>DP</b>
NAME	<b>DEVER, TOM</b>
STREET ADDRESS	<b>765 OLD MISSION RD</b>
CITY- ST- ZIP	<b>NEW SMYRNA BEACH FL 32168</b>
TITLE	<b>DT</b>
NAME	<b>KNIGHT, PAUL</b>
STREET ADDRESS	<b>1861 PIONEER TRAIL</b>
CITY- ST- ZIP	<b>NEW SMYRNA BEACH FL 32168</b>
TITLE	<b>DS</b>
NAME	<b>PETERSON, SID C JR</b>
STREET ADDRESS	<b>4012 SAXON DR</b>
CITY- ST- ZIP	<b>NEW SMYRNA BEACH FL 32168</b>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Paul Knight - Paul Knight      4/26/95      (904) 427-6441  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR