


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000002882</b> 1. Entity Name FOREST HILLS YOUTH BASEBALL, INC.	
---	---

Principal Place of Business 9630 ORANGE GROVE DR TAMPA, FL 33618 US	Mailing Address P.O. BOX 270054 TAMPA, FL 33688 US
---	--

**DO NOT WRITE IN THIS SPACE**



04302005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3250688	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	--

6. Name and Address of Current Registered Agent  BACCARELLA, DOMINIC J 1505 N FLORIDA AVE TAMPA, FL 33202
---

**DO NOT WRITE  
IN THIS SPACE**

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

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BISHOFF, DUANE 1011 SYLVIA LANE TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GRIFFITH, CHRIS 801 E LOTUS AVE TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAYES, COURTNEY 2207 S VILLAGE AVE TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RODRIGEZ, THERESA 2512 NABETH PL TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000358389  
05/04/05-80112-021 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** Duane B. Bishoff Duane B. Bishoff 4/30/05 813-215-0500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #