

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000959

FILED  
Apr 01, 2008  
Secretary of State

**Entity Name:** FORT WHITE YOUTH BASEBALL ASSOCIATION INC.

**Current Principal Place of Business:**

PO BOX 44  
FT WHITE, FL 320380044

**New Principal Place of Business:**

17828 SW SR 47  
FT WHITE, FL 320380044

**Current Mailing Address:**

PO BOX 44  
FT WHITE, FL 320380044

**New Mailing Address:**

**FEI Number:** 22-0001115      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SHARPE, CHRISTOPHER  
366 SW THISTLEDEW GLN  
LAKE CITY, FL 32024 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: SHARPE, CHRISTOPHER  
Address: 366 SW THISTLEDEW GLN  
City-St-Zip: LAKE CITY, FL 32024

Title: SD ( ) Delete  
Name: SHARPE, TAMMY  
Address: 366 SW THISTLEDEW GIN  
City-St-Zip: LAKE CITY, FL 32024

Title: TVD ( ) Delete  
Name: HARVEY, ERIC  
Address: 572 SW LONGHORN TERRACE  
City-St-Zip: FORT WHITE, FL 32038

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: PARKER, JOYE  
Address: 3318 SE CR 18  
City-St-Zip: LAKE CITY, FL 32025

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TAMMY SHARPE

SD

04/01/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date