



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90774 024 ****61.25

DOCUMENT # N96000000727					
1. Entity Name MARGATE YOUTH BASEBALL, INC.					
Principal Place of Business BANKS ROAD POMPANO BEACH, FL 33063 US				Mailing Address P O BOX 934294 MARGATE, FL 33093 US	
2. Principal Place of Business 1255 BANKS RD Suite, Apt. #, etc.		3. Mailing Address PO Box Suite, Apt. #, etc.			
City & State MARGATE FL		City & State MARGATE FL		4. FEI Number 58-2189096	
Zip 33063		Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERRIUGTA, JEFF 6539 LIGHT-HOUSE RD MARGATE, FL 33063			7. Name and Address of New Registered Agent Name: JEFF HERRINGTON Street Address (P.O. Box Number is Not Acceptable): 6539 Light House Place City: MARGATE FL Zip Code: 33063		
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: <i>[Signature]</i> Treasurer 4/28/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME LAMBORTI, AL STREET ADDRESS PO BOX 934294 CITY-ST-ZIP MARGATE, FL 33063	<input type="checkbox"/> Delete		TITLE VD NAME Jim Duggin STREET ADDRESS PO Box 934294 CITY-ST-ZIP MARGATE FL 33063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME CHASE, TROY STREET ADDRESS PO BOX 934294 CITY-ST-ZIP MARGATE, FL 33063	<input checked="" type="checkbox"/> Delete		TITLE SD NAME SYLVESTRI, TONY STREET ADDRESS PO BOX 934294 CITY-ST-ZIP MARGATE, FL 33063	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME HERRINGTON, JEFF STREET ADDRESS PO BOX 934294 CITY-ST-ZIP MARGATE, FL 33065	<input type="checkbox"/> Delete		TITLE D NAME CLARKE, JIM STREET ADDRESS PO BOX 94294 CITY-ST-ZIP MARGATE, FL 33063	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME CULTER, MIKE STREET ADDRESS PO BOX 934294 CITY-ST-ZIP MARGATE, FL 33063	<input type="checkbox"/> Delete		TITLE D NAME CULTER, MIKE STREET ADDRESS PO BOX 934294 CITY-ST-ZIP MARGATE, FL 33063	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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] Jeff Herrington Treas. 4/28/04 401 7255(954)