2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State
02-03-2005 90028 037 ****61.25

DOCUMENT # N96000000727

1. Entity Name
MARGATE YOUTH BASEBALL, INC.

Principal Place of Business	Mailing Address
1755 BANKS RD MARGATE, FL 33063 US	P O BOX 934294 MARGATE, FL 33093 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01272005 Chg-NP CR2E037 (10/03)

4. FEI Number 58-2189096 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HERRINGTON, JEFF
6539 LIGHT HOUSE PLACE
MARGATE, FL 33063

7. Name and Address of New Registered Agent

Name AL LAMBERTI
Street Address (P.O. Box Number is Not Acceptable)
6970 NW 23ST
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 Al Lamberti PRES. 1-30-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LAMBORTI, AL PO BOX 934294 MARGATE, FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LAMBERTI ALFred POBOX 934294 MARGATE FL 33063	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DUGGIN, TIM PO BOX 934294 MARGATE, FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Duggin Tim PO Box 934294 MARGATE FL 33063	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SYLVESTRI, TONY PO BOX 934294 MARGATE, FL 33063	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Doc HoliDAY POB 934294 MARGATE FL 33063	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HERRINGTON, JEFF PO BOX 934294 MARGATE, FL 33065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLARKE, JIM PO BOX 94294 MARGATE, FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CULTER, MIKE PO BOX 934294 MARGATE, FL 33063	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pugliese Louis SR 2571 NW 114 Ave Coral Springs FL 33065	☐ Change ☒ 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 Treasurer 1/29/05 954 4017255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #