

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000727

FILED
Apr 26, 2007
Secretary of State

Entity Name: MARGATE YOUTH BASEBALL, INC.

Current Principal Place of Business:

1755 BANKS RD
MARGATE, FL 33063 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 934294
MARGATE, FL 33093 US

New Mailing Address:

FEI Number: 58-2189096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMBERTI, AL
6970 NW 23 ST
MARGATE, FL 33063 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: LAMBERTI, ALFRED
Address: PO BOX 934294
City-St-Zip: MARGATE, FL 33063

Title: VD () Delete
Name: CELESTI, MARK
Address: PO BOX 934294
City-St-Zip: MARGATE, FL 33063

Title: SD () Delete
Name: HOLIDAY, DOC
Address: PO BOX 934294
City-St-Zip: MARGATE, FL 33063

Title: TD () Delete
Name: HERRINGTON, JEFF
Address: PO BOX 934294
City-St-Zip: MARGATE, FL 33065

Title: D () Delete
Name: GRAY, KEVIN
Address: PO BOX 94294
City-St-Zip: MARGATE, FL 33063

Title: D () Delete
Name: CELESTI, TIM
Address: PO BOX 934294
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LAMBERTI, ALFRED
Address: PO BOX 934294
City-St-Zip: MARGATE, FL 33063

Title: V (X) Change () Addition
Name: CELESTI, MARK
Address: PO BOX 934294
City-St-Zip: MARGATE, FL 33063

Title: SD (X) Change () Addition
Name: GALPINE, ED
Address: PO BOX 934294
City-St-Zip: MARGATE, FL 33063

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

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

Title: D (X) Change () Addition
Name: FLORY, ROB
Address: PO BOX 934294
City-St-Zip: MARGATE, FL 33063

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: JEFF HERRINGTON

TD

04/26/2007

Electronic Signature of Signing Officer or Director

Date