2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2009
Secretary of State

DOCUMENT# N96000000727

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KNEMEYER, MATTHEW
3066 GREEN TURTLE PLACE
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:	P	( ) Delete
Name:	KNEMEYER, MATTHEW	
Address:	PO BOX 934294	
City-St-Zip:	MARGATE, FL 33063	
Title:	V	( ) Delete
Name:	CELESTI, MARK	
Address:	PO BOX 934294	
City-St-Zip:	MARGATE, FL 33063	
Title:	SD	( ) Delete
Name:	UBER, STEVE	
Address:	PO BOX 934294	
City-St-Zip:	MARGATE, FL 33063	
Title:	TD	( ) Delete
Name:	ELDER, DAVID	
Address:	PO BOX 934294	
City-St-Zip:	MARGATE, FL 33065	
Title:	D	(X) Delete
Name:	GRAY, KEVIN	
Address:	PO BOX 94294	
City-St-Zip:	MARGATE, FL 33063	
Title:	D	( ) Delete
Name:	FLORY, ROB	
Address:	PO BOX 934294	
City-St-Zip:	MARGATE, FL 33063	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: DAVID ELDER TD 08/10/2009

Electronic Signature of Signing Officer or Director — Date