

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000006558

1. Entity Name
SOUTHWEST FLORIDA YOUTH BASEBALL CLUB, INC.



Principal Place of Business
**5350 CHIPPENDALE CIRCLE
FORT MYERS, FL 33919-2204 US**

Mailing Address
**5350 CHIPPENDALE CIRCLE
FORT MYERS, FL 33919-2204 US**



DO NOT WRITE IN THIS SPACE

04192005 No Chg-NP CR2E037 (10/03)

4. FEI Number
31-1523187

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WINROW, GARY
4806 LAUREL LANE
FT. MYERS, FL 33908**

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IN THIS SPACE**

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

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WINROW, GARY
STREET ADDRESS	4806 LAUREL LN.
CITY-ST-ZIP	FT. MYERS, FL 33908
TITLE	DT
NAME	VANVOORHIS, JOHN R
STREET ADDRESS	5350 CHIPPENDALE CIR.
CITY-ST-ZIP	FT. MYERS, FL 33919
TITLE	DV
NAME	GILL, EARL
STREET ADDRESS	1593 MANCHESTER BLVD.
CITY-ST-ZIP	FT. MYERS, FL 33919
TITLE	DS
NAME	WADE, JAY
STREET ADDRESS	15751 TRIPLE CROWN COURT
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/21/05-80100-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #