

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002211

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** NICEVILLE AMATEUR YOUTH BASEBALL, INC.

**Current Principal Place of Business:**

307 ST. ANDREWS DRIVE  
NICEVILLE, FL 32578

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1903  
NICEVILLE, FL 32588 US

**New Mailing Address:**

**FEI Number:** 59-3569410

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WELLS, MICHAEL E  
7 NEWCASTLE COURT  
NICEVILLE, FL 32578 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: VD ( ) Delete  
Name: NEDOROSCIK, JOE  
Address: 307 ST ANDREWS DRIVE  
City-St-Zip: NICEVILLE, FL 32578

Title: VD ( ) Delete  
Name: ELLIOTT, CLAY  
Address: 914 LAKE DRIVE  
City-St-Zip: NICEVILLE, FL 32578

Title: T ( ) Delete  
Name: MCDORMAN, MIKE  
Address: 3 LAUMAN ROAD  
City-St-Zip: NICEVILLE, FL 32578

Title: S ( ) Delete  
Name: BROOKS, KIM  
Address: 628 COUNTRY CLUB DRIVE  
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: PP ( ) Delete  
Name: COLLINS, DON  
Address: 113 WEST HAMPTON COURT  
City-St-Zip: NICEVILLE, FL 32578

Title: PD ( ) Delete  
Name: WELLS, MIKE  
Address: 7 NEWCASTLE CT.  
City-St-Zip: NICEVILLE, FL 32578

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VD (X) Change ( ) Addition  
Name: CROMWELL, BRIAN  
Address: 1530 GLENLAKE CIRCLE  
City-St-Zip: NICEVILLE, FL 32578

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: MIKE WELLS

PD

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date