## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000006031

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

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City-St-Zip:

BARBER, TRACY

GOESS, JAN

10650 NE 50TH ST.

BRONSON, FL 32621

BRONSON, FL 32621

SEADER, KATHY

10870 NE 109TH ST.

ARCHER, FL 32618

5591 NE 103RD TERRACE

(X) Delete

(X) Delete

Entity Name: BRONSON YOUTH LEAGUE, INC.

FILED Jul 14, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business: BRONSON RECRATION PARK** ALT C-RD 24 BRONSON, FL 32621 **New Mailing Address: Current Mailing Address:** POST OFFICE BOX 553 BRONSON, FL 32621 FEI Number: 59-3602411 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SEADER, GERRY KERSHNER, GREG 10870 NÉ 109TH ST. 7831 NE 125TH ST US US ARCHER, FL 32618 BRONSON, FL 32621 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: GREG KERSHNER 07/14/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete GERRY, SEADER KERSHNER, GREG Name: Name: 10870 NE 109TH ST Address: 7831 NE 125TH ST Address: City-St-Zip: ARCHER, FL 32618 City-St-Zip: BRONSON, FL 32621 Title: () Delete Title: (X) Change ( ) Addition EFFEREN, JOHN Name: WILKERSON, FAYLEA Name: Address: 1010 FOREST LANE Address: 9451 NE 111TH ST City-St-Zip: BRONSON, FL 32621 City-St-Zip: ARCHER, FL 32618 Title: () Delete Title: (X) Change ( ) Addition DANIELS, KIM Name: SIMPSON, ELIZABETH Name: 3770 SE COUNTY RD. 343 Address: Address: PO BOX 513 City-St-Zip: MORRISTON, FL 32688 City-St-Zip: ARCHER, FL 32618 Title: (X) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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

Name:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: ELIZABETH SIMPSON S 07/14/2004

above, or on an attachment with an address, with all other like empowered.

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