

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752457

FILED
Apr 09, 2007
Secretary of State

Entity Name: OAKLAND PARK BASEBALL CLUB, INC.

Current Principal Place of Business:

3900 NW 3 AVE.
WEMBERLY FIELD
OAKLAND PARK, FL 33334 US

New Principal Place of Business:

Current Mailing Address:

1020 SE 9TH AVENUE
POMPANO BEACH, FL 33060 US

New Mailing Address:

FEI Number: 59-2439817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, CAROL A
1020 SE 9TH AVENUE
POMPANO BEACH, FL 33060 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: DAVIS, BRIAN
Address: 6040 NE 3RD TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: VD () Delete
Name: SCHINDLER, JERRY
Address: 2515 GENNESSE AVENUE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: SD () Delete
Name: MARTIN, DEBRA
Address: 4571 N.E. 3RD TERRACE
City-St-Zip: FT. LAUDERDALE, FL 33334

Title: TD () Delete
Name: MITCHELL, CAROL A
Address: 1020 SE 9TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: BRIAN M. DAVIS

PD

04/09/2007

Electronic Signature of Signing Officer or Director

Date