


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2006 8:00 am
Secretary of State

08-24-2006 90061 037 ****61.25

DOCUMENT # N05000003433

1. Entity Name
TAMARAC MEN'S RECREATIONAL SOFTBALL LEAGUE CORP.



Principal Place of Business
**7813 NW 73RD AVE
 TAMARAC, FL 33321**

Mailing Address
**7813 NW 73RD AVE
 TAMARAC, FL 33321**

50026138



2. Principal Place of Business
7813 NW 73rd Ave

3. Mailing Address
7813 NW 73rd Ave

Suite, Apt. #, etc.

08152006 Chg-NP CR2E037 (4/06)

City & State
TAMARAC FL

City & State
TAMARAC FL

Zip
33321 Country
USA

Zip
33321 Country
USA

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**PELLEGRINI, JOHN
 1854 NW 107TH AVE
 PLANTATION, FL 33322**

7. Name and Address of New Registered Agent
 Name **KEN DE GRAAF**
 Street Address (P.O. Box Number is Not Acceptable)
7813 NW 73rd Ave
TAMARAC FL 33321

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 *John DeGraf* DATE **8-20-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE GRAAF, KEN 7813 NW 73RD AVE TAMARAC, FL 33321 <i>President</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PELLEGRINI, JOHN 1854 NW 107TH AVE PLANTATION, FL 33322 <i>Vice President</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KOBRIENRINI, ARTHUR 9760 NW 47TH DRIVE CORAL SPRINGS, FL 33076 <i>Treasurer</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *John DeGraf* Date: **8/20/06** Daytime Phone #: **951 755-3340 wk**
951 726-2013 vt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR