

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9800005214

1. Corporation Name J.P.T. GIRLS' FASTPITCH SOFTBALL BOOSTER CLUB, INC.

Principal Place of Business: 1 MICHAEL BLUGH, 1470 NW 93RD TERR, CORAL SPRINGS FL 33071  
Mailing Address: 1 MICHAEL BLUGH, 1470 NW 93RD TERR, CORAL SPRINGS FL 33071

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)  
3. Date Incorporated or Qualified: 09/08/1998  
4. FEI Number: 65-0860309 Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent: BLUGH, MICHAEL, 1470 NW 93RD TERR, CORAL SPRINGS FL 33071  
10. Name and Address of New Registered Agent: (81) Name, (82) Street Address (P.O. Box Number is Not Acceptable), (83) City, (84) City, (85) Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change is authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  
SIGNATURE: [Signature] DATE: 1/13/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: President - D	<input type="checkbox"/> DELETE	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: Michael Bligh		1.2 NAME:	
STREET ADDRESS: 1470 NW 93rd Terrace		1.3 STREET ADDRESS:	
CITY-ST-ZIP: Coral Springs, FL 33071		1.4 CITY-ST-ZIP:	
TITLE: Vice President - D	<input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: Paula Hamlin		2.2 NAME:	
STREET ADDRESS: 477 NW 99th Way		2.3 STREET ADDRESS:	
CITY-ST-ZIP: Coral Springs, FL 33071		2.4 CITY-ST-ZIP:	
TITLE: Treasurer - D	<input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: Fran Ackerman		3.2 NAME:	
STREET ADDRESS: 1979 NW 81 Ave.		3.3 STREET ADDRESS:	
CITY-ST-ZIP: Coral Springs, FL 33071		3.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Secretary
NAME:		4.2 NAME:	Laurie Meyer
STREET ADDRESS:		4.3 STREET ADDRESS:	1306 NW 86th Way
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	Coral Springs, FL 33071
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		6.2 NAME:	B 3/24/99 99AR
STREET ADDRESS:		6.3 STREET ADDRESS:	02-24-1999 90120 035 6125
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Fran Ackerman SIGNATURE REQUIRED DATE: 1/13/99 (954) 344-8917

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