


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 27, 2003 8:00 am
Secretary of State

3/

03-17-2003 90060 040 ****61.25

DOCUMENT # N98000005214			
1. Entity Name J.P.T. GIRLS' FASTPITCH SOFTBALL BOOSTER CLUB, I NC.			
Principal Place of Business C/O FRAN ACKERMAN 1979 NW 81 AVENUE CORAL SPRINGS FL 33071		Mailing Address C/O FRAN ACKERMAN 1979 NW 81 AVENUE CORAL SPRINGS FL 33071	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0860307		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ACKERMAN, FRAN 1979 NW 81 AVENUE CORAL SPRINGS FL 33071		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <i>Fran J. Ackerman</i>		DATE: 3/13/03	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 SD	<input type="checkbox"/> Delete	TITLE Secretary D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ACKERMAN, FRAN D		NAME P Lefeman, Barbara D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1979 NW 81 AVENUE		STREET ADDRESS 9259 NW 15th ST	
CITY-ST-ZIP ROMANO BEACH FL 33071		CITY-ST-ZIP Coral Springs, FL 33071	
TITLE VPD	<input type="checkbox"/> Delete	TITLE Sondra D. Bernhoff DJ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LOSS, RICHARD		NAME 10184 Royal Palm Blvd	
STREET ADDRESS 11581 NW 4TH MANOR		STREET ADDRESS Coral Springs FL 33065	
CITY-ST-ZIP CORAL SPRINGS FL 33071		CITY-ST-ZIP	
TITLE TOS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARIELLO, DEBRA		NAME	
STREET ADDRESS 220 NW 108 AVENUE		STREET ADDRESS	
CITY-ST-ZIP CORAL SPRINGS FL 33071		CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DUCHESNE, CRISTINA		NAME	
STREET ADDRESS 423 NW 135TH TERRACE		STREET ADDRESS	
CITY-ST-ZIP CORAL SPRINGS FL 33071		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Fran Ackerman</i>		Date: 3/24/03 (954) 344 8577	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E037 (10/02)