

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **745801** (1)

1. Corporation Name

**TAMARAC T-BALL, INC.**



Principal Place of Business

**7501 N. UNIVERSITY DR.  
TAMARAC FL 33321**

Mailing Address

**8040 W. MCNAB RD.  
STE 804  
NORTH LAUDERDALE FL 33068**

3. Date Incorporated or Qualified  
**02/02/1979**

3a. Date of Last Report  
**03/27/1995**

2. Principal Place of Business

**21 7501 N. UNIVERSITY DR.**

2a. Mailing Address

**26 6931 NW 83RD ST**

4. FEI Number  
**59-2597643**

Applied For  
☒ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

**23 TAMARAC FL.**

City & State

**28 TAMARAC FL.**

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

Zip

**24 33321**

Country

**25 BROWARD**

Zip

**29 33321**

Country

**30 BROWARD.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**BAKER, JOHN  
6911 NE 82 CT  
APT. 512  
TAMARAC FL 33321**

10. Name and Address of New Registered Agent

**81 Name HARRINGTON, STEVE  
82 Street Address (P.O. Box Number is Not Acceptable) 6931 NW 83RD ST  
83  
84 City TAMARAC FL 85 Zip Code 33321**

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 was 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]*  
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**4/30/96**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BAKER, JOHN	
STREET ADDRESS	6911 NW 82 CT	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HARRINGTON, STEPHEN	
STREET ADDRESS	6931 NW 83RD ST	
CITY-ST-ZIP	TAMARAC FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FRAZIER, CHERYL	
STREET ADDRESS	6911 NW 82 CT	
CITY-ST-ZIP	TAMARAC FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LAEXANDER, GUY	
STREET ADDRESS	8241 NW 67 AVE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RAIRIDEN, ED	
STREET ADDRESS	1319 SW 82 AVE	
CITY-ST-ZIP	N LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STEVE HARRGTON	
1.3 STREET ADDRESS	6931 NW 83RD ST	
1.4 CITY-ST-ZIP	TAMARAC FL 33321	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ALEXANDER, GUY	
2.3 STREET ADDRESS	8241 NW 67 AVE	
2.4 CITY-ST-ZIP	TAMARAC FL 33321	
3.1 TITLE	JR.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ALEXANDER, FELICIA	
3.3 STREET ADDRESS	8241 NW 67 AVE	
3.4 CITY-ST-ZIP	TAMARAC FL 33321	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BILL GEORGE JR.	
4.3 STREET ADDRESS	7705 NW 74th AVE	
4.4 CITY-ST-ZIP	TAMARAC FL 33321	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LANEY, DWAYNE	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	TAMARAC FL 33321	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/96**  
DATE

Daytime Phone #

CR2E037 (12/95)