

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 27 PM 12:16**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # 753789 (7)**  
1. Corporation Name  
**SOUTH BROWARD SOFTBALL UMPIRES ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**INC. INC.**  
**2400 MONTEGO DRIVE 2400 MONTEGO DRIVE**  
**MIRAMAR FL 33023 MIRAMAR FL 33023**

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                  |                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>08/15/1980</b>                                                                                           | 3a. Date of Last Report<br><b>04/14/1994</b> |
| 4. FEI Number<br><b>NOT APPLICABLE</b>                                                                                                           | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                        | <b>\$8.75 Additional Fee Required</b>        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                  | <b>\$5.00 May Be Added to Fees</b>           |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>                                                                       | <b>\$68.75 Supplemental Fee Not Required</b> |
| 8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                              |

|                                                                                                     |                                                                                          |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

**9. Name and Address of Current Registered Agent**

**MANZO, MANNY  
2400 MONTEGO DRIVE  
MIRAMAR FL 33023**

**10. Name and Address of New Registered Agent**

|                                                       |             |
|-------------------------------------------------------|-------------|
| 81 Name                                               | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               |             |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

| 12. OFFICERS AND DIRECTORS |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|---------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | PD                  | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | JONES, WAYNE        | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 1019 N. 63RD AVE.   | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | HOLLYWOOD FL        | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | VD                  | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PATRICK, GARY       | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 8391 NW 24TH CT     | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | PEMBROKE PINES FL   | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | SD                  | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SCOZZAFAVA, RICHARD | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 2410 N 59TH AVE     | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | HOLLYWOOD FL        | 3.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | T                   | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | COOK, ROBERT        | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 2140 SW 97 ROAD     | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | FT LAUDERDALE FL    | 4.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                     | 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                      |                     | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                     | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                     | 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)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-4-95 305-585-7288**