

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

APPROVED  
AND  
FILED

97 SEP 15 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 753789

1. Corporation Name  
SOUTH BROWARD SOFTBALL UMPIRES ASSOCIATION,  
INC.

Principal Place of Business Mailing Address

INC  
2400 MONTEGO DRIVE  
MIRAMAR FL 33023

3. Date Incorporated or Qualified 8-15-1980  
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FFI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

MANNY MANZO  
2400 MONTEGO DRIVE  
MIRAMAR FL 33023

10. Name and Address of New Registered Agent

81 Name ROBERT W COOK JR  
82 Street Address (P.O. Box Number is Not Acceptable) 2140 SW 97TH RD  
83 F  
84 City FT LAUDERDALE FL 85 Zip Code 33324

11. Pursuant to the provisions of Sections 617.0502 and 617.1008, 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 *Robert W. Cook Jr.* 9-13-97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAYNE JONES	12 NAME	
STREET ADDRESS	1019 N 63RD ST.	13 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33024	14 CITY-ST-ZIP	
TITLE	VICE-PRESIDENT <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARY PATRICK	22 NAME	100002295691--5
STREET ADDRESS	8391 NW 24TH CT	23 STREET ADDRESS	-09/17/97--01079--011
CITY-ST-ZIP	PEMBROKE PINES FL 33024	24 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	SECRETARY <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICH SCOZZAFAVA	32 NAME	
STREET ADDRESS	2410 N 59TH AVE	33 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	34 CITY-ST-ZIP	
TITLE	TREASURER <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT W COOK JR.	42 NAME	
STREET ADDRESS	2140 SW 97TH RD.	43 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33324	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Robert W. Cook Jr.* 9-13-97 305-585-7288  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)