


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90009 039 ****61.25

DOCUMENT # 753789					
1. Entity Name SOUTH BROWARD SOFTBALL UMPIRES ASSOCIATION, INC.					
Principal Place of Business 2140 S.W. 97TH ROAD FORT LAUDERDALE, FL 33324 DAVIE			Mailing Address 2140 S.W. 97TH ROAD FORT LAUDERDALE, FL 33324 DAVIE		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 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		
COOK, ROBERT W JR 2140 S.W. 97TH ROAD FORT LAUDERDALE, FL 33324 DAVIE			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 VPD NAME PATRICK, GARY STREET ADDRESS 8391 N.W. 24TH COURT CITY - ST - ZIP PEMBROKE PINES, FL 33024	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DS NAME SCOZZAFAVA, RICHARD STREET ADDRESS 2410 N 59TH AVE CITY - ST - ZIP HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete		DS ABLETON PETE 525 CAMBRIDGE DR WESTON, FL 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME COOK, ROBERT STREET ADDRESS 2140 SW 97 ROAD CITY - ST - ZIP FT LAUDERDALE, FL 33324	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DP NAME CHURCH, KEN STREET ADDRESS 17530 SW 46TH STREET CITY - ST - ZIP FORT LAUDERDALE, FL 33331	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Robert Cook</u> ROBERT COOK <u>2-23-08</u> <u>954-476-0381</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					