FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morjham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

F97000003666 (1)

THE DREAM TEAM BASEBALL PROGRAM, INC.

FILED Mar 24 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address				4 1001(03 1610 10166 10011 00111 00	III 48 112 48 111 48	100 11116 01110 0	11110 0111 1881
% RALPH BUFANO 206 BUTTONWOOD CIRCLE SEMINOLE FL 33772		% RALPH BUFANO 205 BUTTONWOOD CIRCLE SEMINOLE FL 33772			3.	Date Incorporated or Qualifie	d		
					4.	FEI Number		Ar	oplied For
								Nc	ot Applicable
2. Principal Place of Business		2a. Mailing Address 28			5.	Certificate of Status Desired		\$8.75 / Fee Re	equired
Suite, Ap1. #, etc.		Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
City & State		City & State			7.	7. Is this nonprofit corporation a homeowners association?			
23 Zip	Country	Zip	Counti	у	8.	This corporation owes or has			langible
24	25	29 30				Personal Property Tax due June 30. 🔲 Yes 🔲 No			
	9. Name and Address of Current	Registered Agent				Name and Address of New	Registered	Agent	
			B	II Name	€				
BUFANO			6:	2 Stree	t Address (P	O. Box Number is Not Accep	table)		
	TONWOOD CIRCLE		8:	3			***		
SEMINU	LE FL 33772								
			8-	4 City			FL	85 Žip (Cocie
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	s, the abo	ve-name	d corporatio	n submits this statement for th	e purpose of	changing it	ts registered
office or re agent. I ar	egistered agent, or both, in the State of familiar with, and accord the collection	or Florida. Such change was au itions of Section 617.0503, Flori	ida Statut	es _	rporation's r	P	Cebi rue abb	0 4 A	1001310100
SIGNATURE	Mach of	m/and	WN	him	Ren	——) <i>[</i>	er	3,9	· \?
	Signature typed or printed name of registered agen OFFICERS AND		Ylegistered A	ulangia tneg	re required when	reinstating)/ ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTOR	2S IIV 12
12.	C OFFICERS AND	DELETE	1.1 TITLE		т	ADDITIONS/CHANGES TO OF	TIOLIIO AIVE	Change	Addition
NAME	BUFANO, RALPH		1.2 NAMI						
STREET ADDRESS	206 BUTTONWOOD CIRCLE		1.3 STRE	et address	;]				
CITY-ST-ZIP	SEMINOLE FL 33772		1.4 DITY	ST-ZIP	<u> </u>		·		
TITLE	D	☐ DELETE	2.1 TITLE						Addition
rame	FITZGERALD, ROBERT		2.2 NAMI	E					
STREET ADDRESS	114 N. LINCOLN			ET ADDRESS	·				
CITY+SI-ZIP TITLE	ROUND LAKE IL 60073	DELETE	2. 4 CITY 3.1 TITLE		+			Change	I Addition
NAME	TRUTY, KAREN		3.2 NAMI					_ •	
STREET ADDRESS	20708 BUNKER HILL RD			ET ADDRESS	;				
CITY-ST-ZIP	MARENGO IL 60152		3.4. CITY	-ST-ZIP					
TITLE		DELETE	4.1 TITLE					Change	Addition
NAME			4. 2 NAM	E					
STREET ADDRESS			4.3 STRE	et address	\$				
CITY-ST-ZIP		L briese	4.4 CITY		-			Change	Addition
1ITLE		DELETE	5.1 TITLE					Olizinge	L_J Addition
NAME			5.2 NAM	et address	,				
STREET ADDRESS CITY-ST-ZIP			5.4 CITY		' 				
TITLE	<u>, , , , , , , , , , , , , , , , , , , </u>	DELETE	6.1 TITLE		1	······································		Change	Addition
NAME			6.2 NAM	E					
STREET ADDRESS			6.3 STRE	et address	s 				
CITY-ST-ZIP			6.4 CITY	-ST-ZIP					
l officer or	certify that the information supplied wi on this annual report or supplementa director of the corporation or the rece or Block 13 if changed, or on an attac	aiver or trustee empowered to e	the exeminate and the trace and the trace the thickness of the trace the trace are the trace are	nption sta that my s s report	ated in Section signature sha as required i	on 119.07(3)(i), Florida Statute all have the same legal effect a by Chapter 617, Florida Statut	s. I further coas if made unes; and that	artify that the ider oath; th my name ac	a intermation lat I am an opears in