


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90019 029 ****70.00

DOCUMENT # N01000001443					
1. Entity Name SOUTH FLORIDA SOFTBALL CRICKET ASSOCIATION INC.					
Principal Place of Business 17450 SW 59TH COURT DAVIE FL 33331			Mailing Address 17450 SW 59TH COURT DAVIE FL 33331		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 75-3033374	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HUSAIN, SAL 17450 SW 59TH COURT DAVIE FL 33331				7. Name and Address of New Registered Agent	
				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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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	SD	<input type="checkbox"/> Delete	TITLE	SECRETARY & TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSAIN, SAL		NAME	HUSAIN, SAL	
STREET ADDRESS	17450 SW 59TH COURT		STREET ADDRESS	17450 SW 59CT	
CITY-ST-ZIP	DAVIE FL 33331		CITY-ST-ZIP	DAVIE FLORIDA 33331	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERSAUD, CECIL		NAME	Heeman Andrew	
STREET ADDRESS	20610 SW 125TH COURT		STREET ADDRESS	9610 SW 11 ST	
CITY-ST-ZIP	MIAMI FL 33177		CITY-ST-ZIP	Pembroke Pines, Florida 33025	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUMAN, NAZIM		NAME	Megnauth seenaught	
STREET ADDRESS	5357 N.W. 117TH AVENUE		STREET ADDRESS	2120 Garfield st	
CITY-ST-ZIP	CORAL SPRINGS FL 33076		CITY-ST-ZIP	Hollywood Florida 33020	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREW HEEMAN		NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUPERMAN FM MEG NAUGHT		NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

24037774



MOORE CR2E037 (11/03)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-04(954-252-5985)