2004 NOT-FOR-PROFIT CORPORATION

FILED Apr 08, 2004 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # N01000001443 04-08-2004 90019 029 ****70.00 SOUTH FLORIDA SOFTBALL CRICKET ASSOCIATION INC. Principal Place of Business Mailing Address 17450 SW 59TH COURT 17450 SW 59TH COURT 24037714 **DAVIE FL 33331** DAVIE FL 33331 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 75-3033374 • Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUSAIN, SAL Street Address (P.O. Box Number is Not Acceptable) 17450 SW 59TH COURT **DAVIE FL 33331** Zip Code City 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 -Stonahure, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Secretary & Treasurer TITLE ☐ Delete TITLE Change Addition HUSAIN, SAL NAME Husain, Sal NAME 17450 SW 59TH COURT STREET ADDRESS STREET ADDRESS 17450 Sw 59cT da 33331 **DAVIE FL 33331** CITY-ST-ZIP CITY-ST-ZIP PRESIDENT TITLE Delete TITLE Change ✓ Addition Heeman Andrew PERSAUD, CECIL NAME NAME 20610 SW 125TH COURT 9610 SW 11 ST STREET ADDRESS STREET ADDRESS MIAMI FL 33177 CITY-ST-7IP CITY-ST-7IP Pembroke Pines Horida 33025 VPD Secretary seenaught Delete TITLE Addition TITLE JUMAN, NAZIM" NAME NAME o Garfield st 5357 N.W. 117TH AVENUE STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33076 CITY-ST-7IE CITY-ST-ZIE CG ☐ Addition TITLE TITLE Change Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☑ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIE

STREET ADDRESS

TITLE

NAME

ourc SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4-1-04/954-252-5985

☐ Change

Addition