2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000006207

FILED Apr 26, 2004 8:00 am Secretary of State 04-26-2004 90558 009 ****61.25

SIGNATURE Support Food or prescriptions of registered agent and size if anothers Filling Foo is \$61.25 Support Filling Foo is \$61.	1. Entity Name COUGAR BASEBALL CLUB, INC.						
Salles, Ap. 1, 9 (cc) Salles, Ap. 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	3910 NW 20	ST	3910 NW 20 ST	066		s, vi	
Salle, Api 4, 600: Salle, Api 4, 600: Coy A Salle Coy Coy A Salle Coy Salle Salle Address of Current Registered Agent See Required Salle Address of Current Registered Agent See Required Salle Address of Current Registered Agent See Required Salle Address of Current Registered Agent See Reddens (P.O. Box Number is Not Acceptable) Coy FL Zip Code S. The above named entity submits this statement for the purpose of changing is registered diffice or registered agent, or both, in the Salle of Rorida. I am familiar with, and accept the designations of registered agent. Filling Fee is Sall-25 Due by May 1, 2004 S. The above named entity submits this statement for the purpose of changing is registered diffice or registered agent, or both, in the Salle of Rorida. I am familiar with, and accept the designations of registered agent. Filling Fee is Sall-25 Due by May 1, 2004 S. The above named entity submits this statement for the purpose of changing is registered diffice or registered agent, or both, in the Salle of Rorida. I am familiar with, and accept the definition of registered agent. Filling Fee is Sall-25 Due by May 1, 2004 S. The above named entity submits agent an expend when valued an expend on the sall of Rorida. I am familiar with, and accept the sall of Rorida Fee Required Filling Fee is Sall-25 Due by May 1, 2004 S. Corrent Fee Required Filling Fee is Sall-25 Due by May 1, 2004 S. Corrent Fee Required Filling Fee is Sall-25 Due by May 1, 2004 S. Corrent Fee Required Filling Fee is Sall-25 Due by May 1, 2004 S. Corrent Fee Required Filling Fee is Sall-25 Due by May 1, 2004 S.	2 Principal Pl	ace of Rusiness	3 Mailing Address				
City & State Ci	6371 S.W. 1st Street 6371 S.W. 1st S			Street			
20 Country 33006 Country 35006	· · · · · · · · · · · · · · · · · · ·			larida	4. FEI Number	Applied For	
SEELY, JENNIFER STATUSES TO OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/OPANAGES TO OFFICERS AND DIRECTORS IN THE MARGATE, FL 33063 10. OFFICERS AND DIRECTORS 11. ADDITIONS/OPANAGES TO OFFICERS AND DIRECTORS IN THE MARGATE, FL 33063 11. ADDITIONS/OPANAGES TO OFFICERS AND DIRECTORS IN THE MARGATE, FL 33063 12. OFFICERS AND DIRECTORS 13. ADDITIONS/OPANAGES TO OFFICERS AND DIRECTORS IN THE MARGATE, FL 33063 14. OFFICERS AND DIRECTORS IN THE MARGATE, FL 33063 15. OFFICERS AND DIRECTORS IN THE MARGATE, FL 33063 16. OFFICERS AND DIRECTORS IN THE MARGATE, FL 33063 17. OFFICERS AND DIRECTORS IN THE MARGATE, FL 33063 18. OFFICERS AND DIRECTORS IN THE MARGATE, FL 33063 19. OFFICERS AND DIRECTORS IN THE MARGATE, FL 33063 10. OFFICERS AND DIRECTORS IN THE MARGATE, FL 33063 10. OFFICERS AND DIRECTORS IN THE MARGATE, FL 33063 11. ADDITIONS/OPANAGES TO OFFICERS AND DIRECTORS IN THE MARGATE, FL 33063 11. OFFICERS AND DIRECTORS IN THE MARGATE, FL 33063 12. OFFICERS AND DIRECTORS IN THE MARGATE, FL 33063 13. OFFICERS AND DIRECTORS IN THE MARGATE, FL 33063 14. OFFICERS AND DIRECTORS IN THE MARGATE, FL 33060 15. OFFICERS AND DIRECTORS IN THE MARGATE, FL 33060 16. OFFICERS AND DIRECTORS IN THE MARGATE, FL 33060 17. OFFICERS AND DIRECTORS IN THE MARGATE, FL 33060 18. THE MARGATE, FL 33063 19. OFFICERS AND DIRECTORS IN THE MARGATE, FL 33060 10. OFFICERS AND DIRECTORS IN THE MARGATE, FL 33060 10. OFFICERS AND DIRECTORS IN THE MARGATE, FL 33060 10. OFFICERS AND DIRECTORS IN THE MARGATE, FL 33060 10. OFFICERS AND DIRECTORS IN THE MARGATE, FL 33060 10. OFFICERS AND DIRECTORS IN THE MARGATE, FL 33060 10. OFFICERS AND DIRECTORS IN THE MARGATE, FL 33060 10. OFFICERS AND DIRECTORS IN THE MARGATE, FL 33060 10. OFFICERS AND DIRECTORS IN THE MARGATE, FL 33060 10. OFFICERS AND DIRECTORS IN THE MARGATE, FL 33060 10. OFFICERS AND DIRECTORS IN THE MARGATE, FL 33060 10. OFFICERS AND DIRECTORS IN THE MARGATE, FL 33060 10. OFFICERS AND DIRECTORS IN THE MARGATE, FL 33060 10. OFFICERS AND DIRECTORS	Zip Country Zip Cou			Country	5. Certificate of Status Desired	\$8.75 Additional	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name						
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SUPPLIFY for its \$41.25 Due to year 1, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/OHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/OHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD. OFFICERS AND DIRECTORS 11. ADDITIONS/OHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE VD. ABRAHAM, RICK SIRET ADDRESS TITLE VD. ABRAHAM, RICK SIRET ADDRESS SIRET ADDRESS 6371 SW 1581 TITLE VD. AMRCATE, FL 33063 TITLE VD. AMRCATE, FL 33068 TITLE VD. AMRCATE, FL 33068 TITLE NAME SEELY, JENNIFER SIRET ADDRESS 6371 SW 1581 TITLE NAME SIRET ADDRESS CITY-S1-2P ARCHAELEY, FREY- SIRET ADDRESS CITY-S1-2P ARCHAELEY, FL 33063 TITLE Delete IIILE MAKE SIRET ADDRESS CITY-S1-2P ARCHAELEY, FREY- SIRET ADDRESS CITY-S1-2P ARCHAELEY, FL 33063 CITY-S1-2P ARCHAELEY, FREY- SIRET ADDRESS CITY-S1-2P ARCHAELEY, FREY- SIRET ADDRESS CITY-S1-2P ARCHAELEY, FREY- SIRET ADDRESS CITY-S1-2P ARCHAELEY, FL 33063 CITY-S1-2P ARCHAELEY, FL 33063 CITY-S1-2P ARCHAELEY, FL 33064 CITY-S1-2P ARCHA	6371 SW 1ST ST				treet Address (P.O. Box Number is Not Acceptable)		
The obligations of registered agent. SIGNATURE Signative Signat	I			City		FL Zip Code	
FILING Foe is \$81.25 Due by May 1, 2004 10. OFFICERS AND DIRECTORS Trust Fund Contribution.	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.						
Due by May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of States Added to Fees Florida Department of States Added to Fees Florida Department of States Added to Fees		Stgnagure kyped or printedname of Jegistered agent	and title if applicable. (NOTE: R	legistered Agent signature requ	ired when reinstating)	1910H	
TITLE MAME ABRAHAM, RICK STREET ADDRESS CITY-ST-2IP MARGATE, FL 33063 TITE MAME STREET ADDRESS CITY-ST-2IP MARGATE, FL 33068 TITLE SD MARGATE, FL 33068 TITLE MAME STREET ADDRESS CITY-ST-2IP MARGATE, FL 33063 TITLE MARGATE, FL 33064 TITLE MARGATE, FL 33068		•			QUICO HILLY DO LA CASTALLA CAS		
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TITLE VD Delete SEELY, JENNIFER STREET ADDRESS G371 SW 1ST G171-S1-ZP MARGATE, FL 33068 G71-S1-ZP MARGATE, FL 33068 G71-S1-ZP MARGATE, FL 33068 G71-S1-ZP MARGATE, FL 33068 G71-S1-ZP MARGATE, FL 33063 G71-S1-ZP MARGATE, FL 33063 G71-S1-ZP G71-S1-Z	NAME Street address	ABRAHAM, RICK 717 NW 70 WAY	⊠ Delete	NAME STREET ADDRESS	rane Lemin 11 N.W. 42 Avenue	2	
TITLE SD Delete IITLE Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Addition Change Addition Addition Change Addition Addition Change Addition Addition Addition Change Addition	NAME STREET ADDRESS	SEELY, JENNIFER 6371 SW 1ST	☐ Delete	TITLE TT	onifer Secty 371 a.W. 135 Street	Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition NAME NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO CHANGE STREET ADDRESS CITY-ST-ZIP T	TITLE NAME STREET ADDRESS	SD KELLY, FREY 711 NW 69 AVE	⊠ Delete	NAME STREET ADDRESS 42	nette. Goga 81 N.W. 9th Court	☐ Change ☐ Addition	
NAME STREET ADDRESSCITY-ST-ZIP TITLE	TITLE NAME STREET ADDRESS	WINTOATE, TE 00000	☐ Delete	TITLE NAME STREET ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP 12. I 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 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 reserver of twistee emproyees to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address, with all other line emproyees. SIGNATURE:	NAME STREET ADDRESS		☐ Delete	name Street address		☐ Change ☐ Addition	
SIGNATURE: 1/19/04	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	,	Change Addition	
SHANE M. IFMIN PRESIDENT							