2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006207

COCONUT CREEK, FL 33066

City-St-Zip:

FILED Aug 24, 2005 Secretary of State

Entity Nan	ne: COUGAR BASEBALL CLUB, INC.		•
Current Principal Place of Business:		New Principal Place of Business:	
6371 SW 1ST STREET MARGATE, FL 33068		491 N.W. 42 AVE COCONUT CREEK, FL 33066	
Current Mailing Address:		New Mailing Address:	
6371 SW 1 MARGATE	ST STREET , FL 33068	491 N.W. 42 AVE. COCONUT CREEK, FL 330	066
FEI Number: In accordanc	65-1138989 FEI Number Applied For () FEI New with s. 607.193(2)(b), F.S., the corporation did not receive		ertificate of Status Desired()
Name and	Address of Current Registered Agent:	Name and Address of New	Registered Agent:
SCELY, JENNIFER 6371 SW 1ST ST POMPANO BEACH, FL 33068 US		LEMIN, SHANE M 491 N.W. 42 AVE. COCONUT CREEK, FL 33066 US	
The above in the State	named entity submits this statement for the purpose of Florida.	of changing its registered office	e or registered agent, or both,
SIGNATURE: SHANE M. LEMIN		08/24/2005	
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete LEMIN, SHANE 491 NW 42ND AVE. COCONUT CREEK, FL 33066	Title: () Cha Name: Address: City-St-Zip:	ange () Addition
Title: Name: Address: City-St-Zip:	TD () Delete SEELY, JENNIFER 6371 SW 1ST MARGATE, FL 33068	Title: () Cha Name: Address: City-St-Zip:	ange () Addition
Title: Name: Address:	SD () Delete GOGA, ANNETTE 4281 NW 9TH COURT	Title: () Cha Name: Address:	ange () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: SHANE M. LEMIN PD 08/24/2005