

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000006831

1. Entity Name
**DOUGLAS LADY EAGLES SOFTBALL BOOSTER CLUB,
INC..**



Principal Place of Business
**5901 PINE ISLAND ROAD
PARKLAND, FL 33076**

Mailing Address
**7099 NW 113TH AVENUE
PARKLAND, FL 33076**



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4507329

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PORTO, GENE
7099 NW 113TH AVENUE
PARKLAND, FL 33076**

**DO NOT WRITE
IN THIS SPACE**

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 re/instating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000196806
01/26/05-80085-002 70.00**

10. OFFICERS AND DIRECTORS

TITLE	MR.
NAME	PORTO, GENE
STREET ADDRESS	7099 NW 113 AVE.
CITY - ST - ZIP	PARKLAND, FL 33076
TITLE	PRES
NAME	PORTO, GENE
STREET ADDRESS	7099 NW 113TH AVENUE
CITY - ST - ZIP	PARKLAND, FL 33076
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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.

SIGNATURE: *Gene R Porto*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/05

Date

(954) 575-9526

Daytime Phone #