2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2007 8:00 am Secretary of State

SIGNATURE

DOCUMENT # N02000006831 04-16-2007 90325 032 ****61.25 DOUGLAS LADY EAGLES SOFTBALL BOOSTER CLUB, Principal Place of Business Mailing Address 4918 NW 105 DR 5901 PINE ISLAND ROAD CORAL SPRINGS, FL 33076 PARKLAND, FL 33076 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, 03062007 CR2E037 (12/06) Chg-NP FEI Number 36-4507329 Applied For City & State Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agen 7. Name and Address of New Registered Agent YOUNGBERG, J. BRAD Street Address (P.O. Box Number is Not Acceptable) 4918 NW 105 DR CORAL SPRINGS, FL. 33076 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 the obligation distered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete TITLE ☐ Change ☐ Addition TITLE YOUNGBERG, J. BRAD NAME NAME 4918 NW 105 DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33076 CITY-ST-ZIP Delete TITLE Addition TETLE KRAMER, WILLIAM NAME 9504 NW 48 MANOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33076 CITY-ST-ZIP TITLE ST Delete TITLE ☐ Addition Darbara YOUNGBERG, PAMELA M NAME NAME STREET ADDRESS 4918 NW 105 DR STREET ADDRESS CORAL SPRINGS, FL 33076 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, 1 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.