2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010282

FILED Apr 23, 2008 Secretary of State

Entity Name: MONARCH HIGH KNIGHTS BASEBALL BOOSTER CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

5145 NW 42ND AVE 6417 MALLARDS LANE

COCONUT CREEK, FL 33073 COCONUT CREEK, FL 33073

Current Mailing Address: New Mailing Address:

5145 NW 42ND AVE 6417 MALLARDS LANE

COCONUT CREEK, FL 33073 COCONUT CREEK, FL 33073

FEI Number: 20-0486749 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KOCINSKI, MICHAEL A SIMON, KARL F

5145 NW 42ND AVE 6417 MALLARDS LANE

COCONUT CREEK, FL 33073 US COCONUT CREEK, FL 33073 US

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.

SIGNATURE: KARL F SIMON 04/23/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

e: DP () Delete Title: DP (X) Change() Addition

 Name:
 RIPOLL, MARK
 Name:
 SIMON, KARL F

 Address:
 5257 NW 51ST COURT
 Address:
 6417 MALLARDS LANE

 City-St-Zip:
 COCONUT CREEK, FL 33073
 City-St-Zip:
 COCONUT CREEK, FL 33073

Title: DV () Delete Title: DV (X) Change () Addition

 Name:
 SARGENT, ARMAND
 Name:
 RODRIGUEZ, EDDY

 Address:
 6292 NW 36TH AVE
 Address:
 5426 NW 49TH COURT

 City-St-Zip:
 COCONUT CREEK, FL 33073
 City-St-Zip:
 COCONUT CREEK, FL 33073

 $\label{eq:title:DS} \mbox{Title:} \mbox{ DS } \mbox{ () Delete} \mbox{ Title:} \mbox{ DS } \mbox{ (X) Change () Addition}$

 Name:
 SARGENT, DORIS
 Name:
 SIMON, JACKIE

 Address:
 6292 NW 36TH AVE
 Address:
 6417 MALLARDS LANE

 City-St-Zip:
 COCONUT CREEK, FL 33073
 City-St-Zip:
 COCONUT CREEK, FL 33073

Name: KOCINSKI, MICHAEL A Name: SOUZA, JACI

Address: 5145 NW 42 AVE Address: 3953 CRESCENT CREEK DRIVE City-St-Zip: COCONUT CREEK, FL 33073 City-St-Zip: COCONUT CREEK, FL 33073

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: KARL F. SIMON DP 04/23/2008