

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2005 8:00 am
Secretary of State

08-26-2005 90003 025 ****61.25

DOCUMENT # N04000000651

1. Entity Name
THE EVERGLADES BASEBALL BOOSTER CLUB, INC.



Principal Place of Business
~~ATTN: JUAN A. MONTEN~~
~~335 SW 19TH AVE~~
~~PEMBROKE PINES, FL 33029~~

Mailing Address
~~ATTN: JUAN A. MONTEN~~
~~335 SW 19TH AVE~~
~~PEMBROKE PINES, FL 33029~~

50063561



02042005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business
15734 S.W. 40 STREET
Suite, Apt. #, etc.

3. Mailing Address
15734 SW 40 St.
Suite, Apt. #, etc.

City & State
Miramar, Florida
Zip
33027
Country
U.S.A.

City & State
Miramar, Florida
Zip
33027
Country
U.S.A.

4. F.E.I. Number
04-3783994
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
VALENTIN, MARY
17454 NW 11TH STREET
PEMBROKE PINES, FL 33029

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 reinstating) 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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WASHINGTON, SANDRA	
STREET ADDRESS	16464 SW 32NS STREET	
CITY-ST-ZIP	MIRAMAR, FL 33027	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARRENO, ANTHONY	
STREET ADDRESS	28800 SW 190TH AVE	
CITY-ST-ZIP	MIRAMAR, FL 33029	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RIOSECO, MARIA	
STREET ADDRESS	19360 NW 8TH STREET	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tammy Vera	
STREET ADDRESS	17363 S.W. 19 Street, Miramar,	
CITY-ST-ZIP	FLA. 33029	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LILLIAN Vera	
STREET ADDRESS	1571 SW. 19 Terr., Pembroke Pines,	
CITY-ST-ZIP	FLA. 33029	
TITLE	V. President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY VALENTIN	
STREET ADDRESS	17454 NW 11th. street	
CITY-ST-ZIP	33029 PEMBROKE PINES, FL.	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rosy Prieto	
STREET ADDRESS	15734 SW 40 St.	
CITY-ST-ZIP	Miramar, FL. 33027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/05 (754) 245-6210
Date Daytime Phone #