


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

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| DOCUMENT # N04000000651 | |  |
| 1. Entity Name THE EVERGLADES BASEBALL BOOSTER CLUB, INC. | | |
| Principal Place of Business 15960 SW 16 ST PEMBROKE PINES, FL 33027 | | Mailing Address 15960 SW 16 ST PEMBROKE PINES, FL 33027 |
| DO NOT WRITE IN THIS SPACE | | |
| | | 01162007 No Chg-NP CR2E037 (4/06) |
| | | 4. FEI Number 04-3783994 |
| | | Applied For <input type="checkbox"/> Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | |
| CABALLERO, LUIS 2213 NW 208 TERR PEMBROKE PINES, FL 33029 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| | | 000000612429 02/02/07-80106-009 61.25 |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P CABALLERO, LUIS 2213 NW 208 TERR PEMBROKE PINES, FL 33029 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T PADRO, ELIZABETH 6487 NW 197 LANE HIALEAH, FL 33015 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V SPENCER, GARY 310 NW 204 AVE PEMBROKE PINES, FL 33029 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S RODRIGUEZ, NANNETTE 15960 SW 16 STREET PEMBROKE PINES, FL 33027 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| TITLE NAME STREET ADDRESS 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. 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: <u>Luis Caballero</u> | | Date: <u>1/29/07</u> Daytime Phone #: <u>786-402-8655</u> |