

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000651

FILED  
Jan 31, 2009  
Secretary of State

**Entity Name:** THE EVERGLADES BASEBALL BOOSTER CLUB, INC.

**Current Principal Place of Business:**

17100 SW 48 COURT  
MIRAMAR, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

15960 SW 16 ST  
PEMBROKE PINES, FL 33027

**New Mailing Address:**

**FEI Number:** 04-3783994

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CABALLERO, LUIS  
2213 NW 208 TERR  
PEMBROKE PINES, FL 33029 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CABALLERO, LUIS  
Address: 2213 NW 208 TERR  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VP ( ) Delete  
Name: RAMOS, ASDRUBAL  
Address: 15767 SW 41 STREET  
City-St-Zip: MIRAMAR, FL 33027

Title: T ( ) Delete  
Name: RODRIGUEZ, NANNETTE  
Address: 15960 SW 16 STREET  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: S ( ) Delete  
Name: GARCIA, EDEL  
Address: 4987 SW 167 AVENUE  
City-St-Zip: MIRAMAR, FL 33027

Title: D (X) Delete  
Name: PEREZ, EMILIO  
Address: 2633 SW 187 AVENUE  
City-St-Zip: MIRAMAR, FL 33029

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: NANNETTE T RODRIGUEZ

T

01/31/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date