
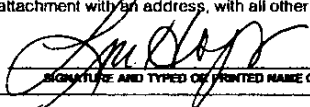


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90199 001 ****61.25

| | | | | | |
|--|-------------------------|---|--|---|--|
| DOCUMENT # N04000008201 1. Entity Name CORAL GLADES SOFTBALL BOOSTER CLUB, INC. | | | |  | |
| Principal Place of Business 11255 NW 38 STREET CORAL SPRINGS, FL 33065 | | | Mailing Address 11255 NW 38 STREET CORAL SPRINGS, FL 33065 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 04172007 Chg-NP CR2E037 (12/06) | |
| 4. FEI Number 20-1524574 | | | | 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 AGENTS AND CORPORATIONS, INC. 773 4TH AVE NORTH SUITE E NAPLES, FL 34102 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| 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 | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | KNUDSON, ANDREA | | NAME | | |
| STREET ADDRESS | 11255 NW 38 STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33065 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | TURPIN, JOY | | NAME | Hayti, Lori | |
| STREET ADDRESS | 10551 NW 41 STREET | | STREET ADDRESS | 11820 NW 11th Ct | |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33065 | | CITY-ST-ZIP | Coral Springs, FL 33071 | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | OPERLE, GINGER | | NAME | Knudson, Andrea | |
| STREET ADDRESS | 11525 NW 18 MANOR | | STREET ADDRESS | 11255 NW 38th St | |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33071 | | CITY-ST-ZIP | Coral Springs, FL 33065 | |
| TITLE | TT | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ARONOFKY, ANDREW | | NAME | | |
| STREET ADDRESS | 2700 SPORTSPLEX DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33065 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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. 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:  | | | 4/17/07 954.946.2218 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |