

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009160

FILED  
Apr 01, 2009  
Secretary of State

**Entity Name:** CORAL GLADES BASEBALL BOOSTER CLUB, INC.

**Current Principal Place of Business:**

2700 SPORTSPLEX DR  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

2700 SPORTSPLEX DR  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

**FEI Number:** 20-1708848

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCMAHON, MICHELE  
2870 NW. 107TH AVENUE  
CORAL SPRINGS, FL 33065 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: WEBER, MARK  
Address: 10957 NW. 14TH STREET  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP ( ) Delete  
Name: CHRISTENSEN, BOBBI  
Address: 2619 NW. 123RD AVENUE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: T ( ) Delete  
Name: MCMAHON, MICHELE  
Address: 2870 NW 107TH AVE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: S ( ) Delete  
Name: BOSWORTH, CINDY  
Address: 4269 NW 30 ST  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: P ( ) Delete  
Name: TARBOX, LINDA  
Address: 2691 NW. 107TH AVENUE  
City-St-Zip: CORAL SPRINGS, FL 33065

**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: MICHELE L. MCMAHON

T

04/01/2009

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

\_\_\_\_\_  
Date