

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005353

FILED
Apr 29, 2006
Secretary of State

Entity Name: MARGATE WOLVERINES BASEBALL CLUB INC.

Current Principal Place of Business:

2571 NW 114 AVENUE
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

Current Mailing Address:

2571 NW 114 AVENUE
CORAL SPRINGS, FL 33065 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PUGLIESE, LOUIS A
2571 NW 114 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: PD () Delete
Name: PUGLIESE, LOUIS A
Address: 2571 NW 114 AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: VD () Delete
Name: HUERTAS, ENRIQUES R
Address: 4507 TURNBERRY COURT
City-St-Zip: BOYNTON BEACH, FL 33436 US

Title: SD () Delete
Name: REIMER, MICHAEL
Address: 4672 BUCIDA ROAD
City-St-Zip: BOYNTON BEACH, FL 33436 US

Title: TD () Delete
Name: PUGLIESE, LINDA A
Address: 2571 NW 114 AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065 US

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: LOUIS PUGLIESE

PD

04/29/2006

Electronic Signature of Signing Officer or Director

Date