

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90218 029 \*\*\*\*61.25

**20035896**



<b>DOCUMENT # N05000008541</b> 1. Entity Name <b>COOPER CITY HIGH SCHOOL BASEBALL BOOSTER CLUB, INC.</b>					
Principal Place of Business <b>5722 S FLAMINGO ROAD #153 COOPER CITY, FL 33330</b>			Mailing Address <b>5722 S FLAMINGO ROAD #153 COOPER CITY, FL 33330</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>LIEBMAN, MARK 18205 BISCAYNE BLVD 2226 AVENTURA, FL 33160</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DEVITO, DEBORAH 8992 NW 39 STREET COOPER CITY, FL 33024</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BARBACCIA, TONY 5537 SW 118 AVE COOPER CITY, FL 33330</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP RILEY, DIANE 9381 SW 54 STREET COOPER CITY, FL 33328</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP DILLMAN, BEVERLY 12206 PASEO WAY COOPER CITY, FL 33026</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC GUERRA, MARIA 5121 SW 120 AVENUE COOPER CITY, FL 33330</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T PUBILLONES, HEIDI 11345 SW 58 STREET COOPER CITY, FL 33330</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Walker, Charlene B. 11930 SW 55 Street Cooper City, FL 33330</b>				
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.					
<b>SIGNATURE:</b> <i>Charlene B. Walker</i> <span style="float: right;">4/24/06 (954) 680-7105</span>					