2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25244

FILED Mar 04, 2008 Secretary of State

Entity Name: MCARTHUR BASEBALL BOOSTER CLUB, INC.

Current Principal Place of Business: New Principal Place of Business: 6501 HOLLYWOOD BLVD. HOLLYWOOD, FL 33024 **Current Mailing Address: New Mailing Address:** 6501 HOLLYWOOD BLVD. HOLLYWOOD, FL 33024 FEI Number: 65-0049760 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DAVIS, DEBRA 8321 N.W. 17 CT. PEMBROKE PINES, FL 33024 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PETERSEN, KRISTIN Name: Name: 7321 MCARTHUR PARKWAY Address: Address: City-St-Zip: HOLLYWOOD, FL 33024 City-St-Zip: Title: Title: (X) Change () Addition () Delete MURPHY, DIANNA Name: SABATINO, MELISSA Name: Address: 710 S.W. 71 TERR. Address: 921 N 71 ST TERR City-St-Zip: PEMBROKE PINES, FL 33023 City-St-Zip: HOLLYWOOD, FL 33024 Title: () Delete Title: (X) Change () Addition DAVIS, DEBRA DAVIS, DEBRA A Name: Name: 8321 N.W. 17TH CT. Address: 8321 N.W. 17TH CT. Address: City-St-Zip: PEMBROKE PINES, FL 33024 City-St-Zip: PEMBROKE PINES, FL 33024 Title: () Delete Title: () Change () Addition BERNARDI, WILLIAM PRES Name: Name: Address: 331 N 65 TH WAY Address: City-St-Zip: HOLLYWOOD, FL 33024 City-St-Zip: Title: () Delete Title: (X) Change () Addition CHAISER, VICKI HINES, LORI Name: Name: 1811 NW 84 AVE 721 SW 70TH AVE Address: Address: PEMBROKE PINES, FL 33024 City-St-Zip: City-St-Zip: PEMBROKE PINES, FL 33023 Title: () Delete Title: () Change () Addition FLORIO, CURTIS Name: Name: Address: 711 SW 71 AVE Address: PEMBROKE PINES, FL 33023 City-St-Zip: 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: DEBRA DAVIS TREA 03/04/2008