## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N25244

Oct 27, 2009 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:

721 SW 70 AVE PEMBROKE PINES, FL 33023

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:

HINES, LORI TRES 721 SW 70 AVE PEMBROKE PINES, FL 33023 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:

Clashania Cinnahura of Davietana d Anaut

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D () Delete
 Title:
 D (X) Change () Addition

 Name:
 SABATINO, MELISSA VP
 Name:
 SABATINO, MELISSA PRES

 Address:
 921 N 71 ST TERR
 Address:
 921 N 71 ST TERR

 City-St-Zip:
 HOLLYWOOD, FL 33024
 City-St-Zip:
 HOLLYWOOD, FL 33024

Title: SEC () Delete Title: (X) Change ( ) Addition Name: LOPEZ, CAREY SECRET Name: FERRETTI, MICHELLE SECRET Address: 6600 ARTHUR STREET Address: 7250 NW 1 ST City-St-Zip: HOLLYWOOD, FL 33024 City-St-Zip: PEMBROKE PINES, FL 33024

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: BERNARDI, WILLIAM PRES Name: VASQUEZ, PATRICIA VP

Name:BERNARDI, WILLIAM PRESName:VASQUEZ, PATRICIA VPAddress:331 N 65 TH WAYAddress:8821 NW 15 STREETCity-St-Zip:HOLLYWOOD, FL 33024City-St-Zip:PEMBROKE PINES, FL 33024

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 HINES, LORI TRES
 Name:

 Address:
 721 SW 70TH AVE
 Address:

 City-St-Zip:
 PEMBROKE PINES, FL 33023
 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: LORI HINES TRES 10/27/2009