

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N27202** (3)

1. Corporation Name:

MIRAMAR PATRIOTS BASEBALL BOOSTER CLUB, INC.

Principal Place of Business

Mailing Address

**3609 ACAPULCO DR.
MIRAMAR FL 33023
US**

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MIRAMAR FL 33023
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1988

3a. Date of Last Report

02/03/1994

4. FEI Number

65-0064391

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

**\$68.75 Supplemental
Fee Not Required**

8. Does corporation have liability for intangible tax under S. 196.012,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **1731 N. 54 AVE**

26 **1731 N. 54 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Hollywood Fl.**

27 **1731 N. 54 AVE**

City & State

City & State

23 **33021**

28 **HOLLYWOOD FL**

Zip

County

Zip

County

24 **33021**

25 **Broward**

29 **33021**

30 **Broward**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAMIREZ, FREDERICK J.
10041 PINES BLVD.
SUITE C
PEMBROKE PINES FL 33024**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	RANDAZZO, ROBERT
STREET ADDRESS	3609 ACAPULCO DR.
CITY, ST, ZIP	MIRAMAR FL
TITLE	VD
NAME	MAY, KENNETH
STREET ADDRESS	8624 BEEKMAN DR.
CITY, ST, ZIP	MIRAMAR FL
TITLE	TD
NAME	O'CLARE, PATRICIA
STREET ADDRESS	6651 MIRAMAR PARKWAY
CITY, ST, ZIP	MIRAMAR FL
TITLE	SD
NAME	MYSLINSKI, MARGRET
STREET ADDRESS	8941 ANDORA DR.
CITY, ST, ZIP	MIRAMAR FL
TITLE	VD
NAME	ELLIS, KEITH
STREET ADDRESS	6802 S.W. 29TH ST.
CITY, ST, ZIP	MIRAMAR FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	PRESIDENT	☒ Change ☐ Addition
12 NAME	WANDA PIEDRA	
13 STREET ADDRESS	1731 N. 54 AVE.	
14 CITY, ST, ZIP	HOLLYWOOD, FL 33021	☒ Change ☐ Addition
21 TITLE	VD	
22 NAME	JOHN MURPHY	
23 STREET ADDRESS	7832 RAMONA ST.	
24 CITY, ST, ZIP	MIRAMAR, FL 330	☒ Change ☐ Addition
31 TITLE	TD	
32 NAME	MICHELLE LOSITO	
33 STREET ADDRESS	8401 N. MISSION WOOD Circle	
34 CITY, ST, ZIP	MIRAMAR, FL 33025	☒ Change ☐ Addition
41 TITLE	SD	
42 NAME	BONNIE WHITE	
43 STREET ADDRESS	2240 GULFSTREAM DR.	
44 CITY, ST, ZIP	MIRAMAR, FL 33023	☒ Change ☐ Addition
51 TITLE		☒ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-95

305 437 0657