

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90029 007 ****61.25


60018724



02152006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0101305	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DOCUMENT # N30947
 1. Entity Name
 GREATER CORAL SPRINGS MEN'S SENIOR BASEBALL LEAGUE, INC.



Principal Place of Business 9900 W. SAMPLE RD. #400 CORAL SPRINGS, FL 33065 US	Mailing Address 9900 W SAMPLE RD STE 400 CORAL SPRINGS, FL 33065 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 LUZIM, RONALD A.
 9900 W SAMPLE RD
 CORAL SPRINGS, FL 33065

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LUZIM, RONALD A. 990 W. SAMPLE ROAD #400 CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRY GIBELL 9129 NW 45 ST. FORT LAUDERDALE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: _____ **2/15/06** **9547551500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #