


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N31928

1. Entity Name
DEERFIELD BEACH OVER 50 SOFTBALL CLUB, INC.



FILED
08 DEC 22 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
PIONEER PARK % ATHLETICS
150 N.E. 2ND AVENUE
DEERFIELD BEACH, FL 33441

Mailing Address
PIONEER PARK % ATHLETICS
150 N.E. 2ND AVENUE
DEERFIELD BEACH, FL 33441



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

12122008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0105543 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SURRETTE, PAUL
3031 LYNDHURST-J
DEERFIELD BEACH, FL 33442

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 SURRETTE PAUL SECRETARY Paul Surette 12-17-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 26, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE NAME	T SURRETTE, PAUL	<input type="checkbox"/> Delete
STREET ADDRESS	3031 LYNDHURST-J	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE NAME	S WALT, BAYER	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1180 S. OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE NAME	SD BROOKER, WILLIAM	<input type="checkbox"/> Delete
STREET ADDRESS	19592 COLORADO CIR	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE NAME	D ROCQUE, CHARLIE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	9320 N.W. 21ST MANOR	
CITY-ST-ZIP	SUNRISE, FL 33322	
TITLE NAME	D ZUCKER, JERRY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2609 NW 17 LANE	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	
TITLE NAME	D BIZZARRO, LENNY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1180 S. OCEAN BLVD, 14C	
CITY-ST-ZIP	BOCA RATON, FL 33432	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME	SECRETARY SECRETARY SURRETTE PAUL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3031 LYNDHURST J	
CITY-ST-ZIP	Deer Field Beach FL 33442	
TITLE NAME	TREASURER RONALD GENDREAU	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1356 SE 7TH COURT	
CITY-ST-ZIP	DeerField Beach 33441	
TITLE NAME	100139196821	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	12/22/08--01022--004 **61.25	
CITY-ST-ZIP	DIRECTOR	
TITLE NAME	D AL HALPER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	22135 COCOA PALM WAY	
CITY-ST-ZIP	BOCA RATON FL. 33433	
TITLE NAME	D DIRECTOR JOE SHIE RECK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2731 NE 14th ST	
CITY-ST-ZIP	Pompano Beach 33062	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: William Brooker 12-17-08 561 702 2081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #