FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

N37170

(0)

STATE OF FLORIDA KHOURY LEAGUES WORLD SERIES, IN

U.										
Principal Place	e of Business	Mailing Address			- [*** ****		
12621 NW 14 SUNRISE FL		12621 NW 14TH ST. SUNRISE FL 33323								
						3. Date Incorporated or Qualified 03/21/1990	3a. Date o	of Last F /23/19		
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied Fo			pplied For	
21		26	<u> </u>			65-0181336 Not Applicable]
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & Stat	e	City & State				Election Campaign Financing Trust Fund Contribution			May Be	
Zip	Country		Zip Country		+					┨
24	25 29		30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
1	9. Name and Address of Curr	· · · · · · · · · · · · · · · · · · ·	1			10. Name and Address of New Re				-
				81 Name)		•			1
ROSEN.	HARRY ATTY			00 0:		(D.O. Day Musehasia Markatana Markatana				4
6151 MIRAMAR PKY				82 Stree	t Address	s (P.O. Box Number is Not Acceptable	9)			
MIRAMA	R FL 33023		ŀ	83					.	1
						to the state of th				_
				84 City			FL	1 5 Zip	Code	
11. Pursuant	to the provisions of Sections 617.05	502 and 617.1508, Florida Statut	es, the abo	ve-named c	corporation	on submits this statement for the purp	ose of chance	no its re	aistered office	1
or register	red agent, or both, in the State of FI th, and accept the obligations of, Se	lorida. Such change was authoriz	ed by the c	corporation's	s board o	of directors. I hereby accept the appoin	ntment as reg	istered a	agent. I am	
	th, and doopt the obligations of, or	oddon o 17.0000, nonoa otatoles	•							
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable. (NC	TE: Registered	Agent signature	required wh	nen reinstating)	DATE			
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND DI	ECTOR	IS IN 12	CR2E037 (12/95)
TITLE	CD	DELETE	1.1 TO	[LE				hange	☐ Addition	72
NAME	RAY, TINA		1.2 NA	ME						<u>%</u>
STREET ADDRESS	12621 NW 14TH ST.		. <i>(3</i>)st	REET ADDRESS	46'	71 NW 99 HR	RACE			띪
CITY - ST - ZIP	SUNRISE FL 33323		1.4 01	TY-ST-ZiP	S	unrise FL 33	351			ΙÑ
TITLE	DS	[]DELETE	2.1 Tri	TLE .				hange	Addition	ᄀᅙ
NAME	STOKES, WYLIE		2.2 NA	LME	100	M. OU WILL IN	00 +			
STREET ADDRESS	3900 N.W. 79TH WAY		2 3 ST	REET ADDRESS	7,8	01 / 00 70 OM				
CITY-ST-ZIP	HOLLYWOOD FL 33024		2. 4 C	ITY - ST - ZIP	<u></u>	tollywood PL.	23 OS.	┫		
TITLE	DP	DELETE	3.1 7(1	TLE .		• 5		nange	Addition	1
NAME	BATCHELOR, HOLLIS		3.2 NA	ME						
STREET ADDRESS	10271 S.W. 108TH ST.		3.3 ST	REET ADDRESS	.					
CITY-ST-ZIP	MIAMI FL 33176		3.4 CI	ITY - ST - ZIP	<u> </u>					╛
TITLE		DELETE	4.1 T(1	TLE				hange	Addition	
NAME			4. 2 N	AME						
STREET ADDRESS			4.3 ST	REET ADDRESS						
CITY-ST-ZIP			4.4 CI	TY-ST-ZIP	_					_
TITLE		DELETE	5.1 1(1	TLE				hange	Addition	
NAME			5.2 NA	ME						
STREET ADDRESS			5.3 \$1	REET ADDRESS						
CITY-ST-ZIP			5.4 CI	TY-ST-ZIP	1					
TITLE		DELETE	6.1 T(1	TLE .				hange	Addition	
NAME			6.2 NA	ME						
STREET ADDRESS			6.3 ST	REET ADDRESS	- [
CITY C1 710	I		6.4.00	TV ČT 700	1					1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 cath; 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 on an attachment with an address.

SIGNATURE: