

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 11:40

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N45440 (7)

1. Corporation Name

SOUTH DADE BASEBALL BOOSTER CLUB, INC.

Principal Place of Business

**505 N. KROME AVE.
HOMESTEAD FL 33030
US**

Mailing Address

**505 N. KROME AVE.
HOMESTEAD FL 33030
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1991

3a. Date of Last Report

07/06/1994

4. FEI Number

65-0395768

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$0.75 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. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**GUEST, JAMES M.
311 NE 8TH STREET
HOMESTEAD FL 33030**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
EDWARDS, DEBORAH J.
1848 NW 5TH AVE.
HOMESTEAD FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VP
HOUSH, TIM
30312 SW 172ND AVE.
HOMESTEAD FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**S
TAM, RITA
1710 NW 8TH TERR.
HOMESTEAD FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
KUBOUSEK, TONI
29480 SW 193RD AVE.
HOMESTEAD FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
BOYLE, DAVID B.
308 NW 19TH ST.
HOMESTEAD FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
EDWARDS, BOBBY
1848 NW 5TH AVENUE
HOMESTEAD FL 33030**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Deborah J. Edwards
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95

305-245-8337

Date

Debra Fries #