


FILE NOW: FILING FEE IS \$61.25

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May 01 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N45440** (7)

1. Corporation Name

**SOUTH DADE BASEBALL BOOSTER CLUB, INC.**



Principal Place of Business <b>30322 SW 152 PLACE HOMESTEAD FL 33033 US</b>		Mailing Address <b>16880 SW 277 ST HOMESTEAD FL 33031 US</b>		3. Date Incorporated or Qualified <b>10/03/1991</b>	
2. Principal Place of Business <b>21 16880 SW 277 ST</b>		2a. Mailing Address <b>26 24575 SW 193 AV</b>		4. FEI Number <b>65-0395768</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State <b>23 Homestead FL</b>		City & State <b>28 Homestead FL</b>		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip <b>24 33031</b>		Country <b>25 USA</b>		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) <b>15600 SW 288 ST #310</b>
83
84 City <b>Homestead</b> FL 85 Zip Code <b>33033</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE James M. Guest (NOTE: Registered Agent signature required when reinstating) DATE 4/21/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	VICE PRESIDENT
NAME	KUBOUSE, TONI	1.2 NAME	DIANE SPENCER
STREET ADDRESS	20480 SW 193 AVENUE	1.3 STREET ADDRESS	28651 SW 164 AV
CITY-ST-ZIP	HOMESTEAD FL	1.4 CITY-ST-ZIP	HOMESTEAD FL. 33033
TITLE	VP	2.1 TITLE	PRESIDENT
NAME	HELMS, ROBERT	2.2 NAME	HELMS ROBERT
STREET ADDRESS	16880 SW 277 ST	2.3 STREET ADDRESS	16880 SW 277 ST.
CITY-ST-ZIP	HOMESTEAD FL	2.4 CITY-ST-ZIP	HOMESTEAD FL. 33031
TITLE	S	3.1 TITLE	SECRETARY
NAME	VALIENTE, NANCY	3.2 NAME	SANDRA LOPEZ
STREET ADDRESS	16840 SW 234 ST	3.3 STREET ADDRESS	18320 SW 273 ST
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	HOMESTEAD FL. 33030
TITLE	D	4.1 TITLE	TREASURER-DIRECTOR
NAME	OLIVA, EMMA	4.2 NAME	JUDITH TURNER
STREET ADDRESS	30322 SW 152 PALCE	4.3 STREET ADDRESS	24575 SW 193 AV
CITY-ST-ZIP	HOMESTEAD FL	4.4 CITY-ST-ZIP	HOMESTEAD FL. 33031
TITLE	D	5.1 TITLE	DIRECTOR
NAME	PORTELA, JUAN	5.2 NAME	
STREET ADDRESS	1413 NW 20TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	DIRECTOR
NAME	PORTELA, MARIA	6.2 NAME	
STREET ADDRESS	1413 NW 20 STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE: Judith L. Turner (JUDITH L. TURNER) 4-20-98 305-245-0357

CR2E037 (10/97)