

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90208 022 ****61.25

DOCUMENT # N45440

1. Corporation Name

SOUTH DADE BASEBALL BOOSTER CLUB, INC.

Principal Place of Business

16880 SW 277 ST
HOMESTEAD FL 33031
US

Mailing Address

24575 SW 193 AVE
HOMESTEAD FL 33031
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/03/1991

4. FEI Number

65-0395768

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GUEST, JAMES M.
15600 SW 288 ST., #310
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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

V
NAME SPENCER, DIANE
STREET ADDRESS 28651 SW 164 AVE
CITY-ST-ZIP HOMESTEAD FL 33033

TITLE ☐ DELETE

P
NAME HELMS, ROBERT
STREET ADDRESS 16880 SW 277 ST
CITY-ST-ZIP HOMESTEAD FL 33031

TITLE ☒ DELETE

S
NAME LOPEZ, SANDRA
STREET ADDRESS 18320 SW 293 ST
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE ☐ DELETE

TD
NAME TURNER, JUDITH
STREET ADDRESS 24575 SW 193 AVE
CITY-ST-ZIP HOMESTEAD FL 33031

TITLE ☒ DELETE

D
NAME PORTELA, JUAN
STREET ADDRESS 1413 NW 20TH STREET
CITY-ST-ZIP HOMESTEAD FL

TITLE ☒ DELETE

D
NAME PORTELA, MARIA
STREET ADDRESS 1413 NW 20 STREET
CITY-ST-ZIP HOMESTEAD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

SECRETARY
NAME MARJORIE PIERCE
STREET ADDRESS 18955 SW 264 ST
CITY-ST-ZIP HOMESTEAD FL. 33031

2.1 TITLE ☐ Change ☒ Addition

DIRECTOR
NAME RICK HAWN
STREET ADDRESS 27700 SW 164 CT
CITY-ST-ZIP HOMESTEAD FL. 33031

3.1 TITLE ☐ Change ☒ Addition

VICE PRESIDENT
NAME KAREN CORNELIUS
STREET ADDRESS 31160 SW 195 AV
CITY-ST-ZIP HOMESTEAD FL. 33030

4.1 TITLE ☐ Change ☒ Addition

DIRECTOR
NAME AL SAMS
STREET ADDRESS 15381 S.W. 258 ST
CITY-ST-ZIP HOMESTEAD FL. 33032

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUDITH L. TURNER
4-3-99

Date

Daytime Phone #

3052450357

0024566

CR2E037 (1/98)