

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45440

FILED
Jun 22, 2004
Secretary of State

Entity Name: SOUTH DADE BASEBALL BOOSTER CLUB, INC.

Current Principal Place of Business:

16900 S.W. 278 STREET
HOMESTEAD, FL 33031 US

New Principal Place of Business:

26801 S.W. 197 AVE.
HOMESTEAD, FL 33031 US

Current Mailing Address:

16900 S.W. 278 STREET
HOMESTEAD, FL 33031 US

New Mailing Address:

26801 S.W. 197 AVE.
HOMESTEAD, FL 33031 US

FEI Number: 65-0395768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUEST, JAMES M.
15600 SW 288 ST 201
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: WESTCOTT, MICHELLE
Address: 731 N.W. 9 STREET
City-St-Zip: HOMESTEAD, FL 33031

Title: D () Delete
Name: SAMS, HEIDI
Address: 15381 SW 258 STREET
City-St-Zip: HOMESTEAD, FL 33032

Title: D () Delete
Name: SALOMATOFF, VLADIMIR
Address: 16900 S.W. 278 STREET
City-St-Zip: HOMESTEAD, FL 33031

Title: T () Delete
Name: POLK, CHRISTINE
Address: 1663 N.W. 6 AVE
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Delete
Name: SAMS, AL
Address: 15381 SW 258 ST
City-St-Zip: HOMESTEAD, FL 33032

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: FRANKLIN, ANNA
Address: 18867 S.W. 293 TERR.
City-St-Zip: HOMESTEAD, FL 33030

Title: D (X) Change () Addition
Name: RONCA, DEBBIE
Address: 26801 S.W. 197 AVE.
City-St-Zip: HOMESTEAD, FL 33031

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBBIE RONCA

D

06/22/2004

Electronic Signature of Signing Officer or Director

Date