

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45440

FILED
Jul 05, 2007
Secretary of State

Entity Name: SOUTH DADE BASEBALL BOOSTER CLUB, INC.

Current Principal Place of Business:

1301 S FIELDLARK LN
HOMESTEAD, FL 33035 US

New Principal Place of Business:

Current Mailing Address:

1301 S FIELDLARK LN
HOMESTEAD, FL 33035 US

New Mailing Address:

FEI Number: 65-0395768 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: P () Delete
Name: PROZZILLO, KIM S
Address: 1301 S FIELDLARK LN
City-St-Zip: HOMESTEAD, FL 33035 US

Title: VP () Delete
Name: SUAREZ, SUZI
Address: 1587 NW 9 AVE
City-St-Zip: HOMESTEAD, FL 33030 US

Title: S () Delete
Name: TOIRAC, ELLIE
Address: 20195 SW 316 ST
City-St-Zip: HOMESTEAD, FL 33030 US

Title: T () Delete
Name: LITTLEJOHN, CINDY
Address: 16280 S.W. 287 STREET
City-St-Zip: HOMESTEAD, FL 33030 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 exemption stated in Chapter 119, 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: KIM PROZZILLO

P

07/05/2007

Electronic Signature of Signing Officer or Director

_____ Date