

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # N92000000189

1. Entity Name

TEAM FORT LAUDERDALE, INC.



Principal Place of Business

PO BOX 350404
FT LAUDERDALE, FL 33335-0404

Mailing Address

PO BOX 350404
FT LAUDERDALE, FL 33335-0404

DO NOT WRITE IN THIS SPACE



01222007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

65-0414685

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEMPSEY, PERRY
2424 FLAMINGO LANE
FT LAUDERDALE, FL 33312

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME BACA, LARRY
STREET ADDRESS 2448 ANDROS LANE
CITY-ST-ZIP FT LAUDERDALE, FL 33312

TITLE D
NAME CORREA, ROBERT
STREET ADDRESS 1667 NE 38 STREET
CITY-ST-ZIP OAKLAND PARKD, FL 33334

TITLE D
NAME DEMPSEY, PERRY
STREET ADDRESS 2424 FLAMINGO LANE
CITY-ST-ZIP FT LAUDERDALE, FL 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000604119
01/29/07-80041-003 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Larry Baca 1/23/2007 954321-8213