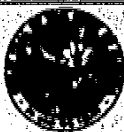


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001818 (4)

1. Corporation Name

PERRINE BASEBALL AND SOFTBALL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

20155 FRANJO RD.
MIAMI FL 33189
US

C/O FRANCINE TEGZES, CPA
P.O. BOX 570869
MIAMI FL 33257-0869

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1993

3a. Date of Last Report

03/30/1994

4. FEI Number

65-0359989

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

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 169.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TEGZES, FRANCINE E
9855 SW 189TH ST.
MIAMI FL 33157

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 607.0502 and 607.1609, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

MEYERS, ROBIN

STREET ADDRESS

17854 SW 83RD CT.

CITY - ST - ZIP

MIAMI FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

P/D

DANNY SMITH

21960 SW 98 Ave.

Miami, FL 33190

☒ Change ☐ Addition

TITLE

SD

NAME

PERANTONI, GEORGIA

STREET ADDRESS

10500 SW 88 RD

CITY - ST - ZIP

MIAMI FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

S/D

YVETTE BATISTA

11925 SW 189 St.

Miami, FL 33157

☒ Change ☐ Addition

TITLE

TD

NAME

HAYNES, DONNA

STREET ADDRESS

18432 SW 82ND CT.

CITY - ST - ZIP

MIAMI FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Donna S. Haynes
Donna S. Haynes, Treasurer

4/1/95

Date

251-5650

Daytime Phone