

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90192 034 \*\*\*\*61.25

0035563

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N93000001818**

1. Corporation Name

**PERRINE BASEBALL AND SOFTBALL ASSOCIATION, INC.**

Principal Place of Business

20155 FRANJO RD.  
MIAMI FL 33189  
US

Mailing Address

C/O FRANCINE TEGZES, CPA  
P.O. BOX 570669  
MIAMI FL 33257-0669



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

04/22/1993

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

9. Name and Address of Current Registered Agent

TEGZES, FRANCINE E  
18781 LENAIRE DR  
MIAMI FL 33157

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 VPD ☒ DELETE  
NAME CASARINO, PHILIP  
STREET ADDRESS 9132 S.W. 182 ST  
CITY-ST-ZIP MIAMI FL 33157

TITLE SD ☒ DELETE  
NAME PETERSEN, SUSAN  
STREET ADDRESS 10265 MONTEGO BAY R  
CITY-ST-ZIP MIAMI FL 33189

TITLE TD ☐ DELETE  
NAME HULSE, LARRY  
STREET ADDRESS 20251 S.W. 103 AVE  
CITY-ST-ZIP MIAMI FL 33189

TITLE PD ☐ DELETE  
NAME PEBBLES, RICHARD  
STREET ADDRESS 7740 S.W. 187 ST  
CITY-ST-ZIP MIAMI FL 33157

TITLE D ☒ DELETE  
NAME HAYNES, TIM  
STREET ADDRESS 18432 S.W. 92 CT  
CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PB ☐ Change ☒ Addition  
1.2 NAME BLANCO, MODESTO  
1.3 STREET ADDRESS 18520 SW 128 AVE  
1.4 CITY-ST-ZIP MIAMI FL 33177

2.1 TITLE VPD ☐ Change ☒ Addition  
2.2 NAME Jimie List  
2.3 STREET ADDRESS 9205 SW 181 TERRANCE  
2.4 CITY-ST-ZIP MIAMI, FL 33157

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE D ☒ Change ☐ Addition  
4.2 NAME RICHARD PEBBLES  
4.3 STREET ADDRESS 7740 SW 187 ST  
4.4 CITY-ST-ZIP MIAMI FL 33157

5.1 TITLE SD ☐ Change ☒ Addition  
5.2 NAME ELENA DYER  
5.3 STREET ADDRESS 7841 SW 186th ST  
5.4 CITY-ST-ZIP MIAMI FL 33157

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:

*LARRY HULSE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99  
Date

305 269-9455  
Daytime Phone #

CR2E037 (11/98)