

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001818

FILED
Apr 26, 2007
Secretary of State

Entity Name: PERRINE BASEBALL AND SOFTBALL ASSOCIATION, INC.

Current Principal Place of Business:

20155 FRANJO RD.
MIAMI, FL 33189 US

New Principal Place of Business:

Current Mailing Address:

C/O FRANCINE TEGZES, CPA
P.O. BOX 570669
MIAMI, FL 332570669

New Mailing Address:

P.O. BOX 571006
MIAMI, FL 33257

FEI Number: 65-0359989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TEGZES, FRANCINE E
8925 SW 148 ST STE 200
MIAMI, FL 33176 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: PD () Delete
Name: HOUTZ, DAVID
Address: 8874 SW 196 TERR
City-St-Zip: MIAMI, FL 33157

Title: VPD (X) Delete
Name: KENDRIX, FRANK
Address: 9023 SW 212 LANE
City-St-Zip: MIAMI, FL 33189

Title: TD () Delete
Name: ORTEGA, EMILIO
Address: 22043 SW 95 PLACE
City-St-Zip: MIAMI, FL 33190

Title: SD (X) Delete
Name: FIESELMAN, YVETTE
Address: 8890 SW 198 STREET
City-St-Zip: MIAMI, FL 33157

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: EMILIO ORTEGA

TD

04/26/2007

Electronic Signature of Signing Officer or Director

Date