

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 51-96

6048

DOCUMENT # N95000000159 (2)

1. Corporation Name

DOLPHINETTES OF MIAMI BOOSTERS, INC.



Principal Place of Business

13003 SW 114TH PL  
MIAMI FL 33176

Mailing Address

13003 SW 114TH PL  
MIAMI FL 33176

3. Date Incorporated or Qualified

01/13/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

9. Name and Address of Current Registered Agent

COLE, MICHAEL  
13003 SW 114TH PL  
MIAMI FL 33176

4. FEI Number

65-0549906

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes ☒ No

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	DP	<input type="checkbox"/> DELETE
NAME	XREITER, LOUISE M	
STREET ADDRESS	8320 SW 156TH ST	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BEJARNO, DEBORAH	
STREET ADDRESS	13805 SW 102ND CT	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	COLE, MICHAEL C	
STREET ADDRESS	13003 SW 114TH PL	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	FRESHMAN, BARBARA R	
STREET ADDRESS	9201 SW 69TH CT	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COONS, KATHY K	
STREET ADDRESS	7624 SW 179TH TER	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MATHERNE, EVELYN J	
STREET ADDRESS	19980 SW 84TH AVE	
CITY-ST-ZIP	MIAMI FL 33189	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	REITER, LOUISE M
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Michael C. Cole* MICHAEL C. COLE

April 29, 1996

(305) 5968153

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/16 Phone #

CR2E037 (12/95)

ADDITIONAL DIRECTORS:

D.  
SHAVER, REV. JOHNNY  
1378 TRAIL TERRACE DR.  
NAPLES, FL 33940

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D  
GILPIN, KELLEY  
927 N.E. 199 St. #102  
NORTH MIAMI BEACH, FL 33179