

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

APPROVED
AND
FILED

97 MAR -4 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001138 (5)

1. Corporation Name

NORTH BROWARD ALLSTAR TRAVEL BASEBALL CLUB, INC.



Principal Place of Business

Mailing Address

5954 NW 74 TERRACE
PARKLAND FL 33067

5954 NW 74 TERRACE
PARKLAND FL 33067-1225

3. Date Incorporated or Qualified
03/10/1995

3a. Date of Last Report
03/25/1996

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

4. FEI Number

05000001 65 0565631

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KERN, BILL
5954 NW 74 TERRACE
PARKLAND FL 33067

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D/P ☐ DELETE
NAME KERN, BILL
STREET ADDRESS 5954 NW 74TH TERRACE
CITY-ST-ZIP PARKLAND FL 33067

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE STD ☒ DELETE
NAME HOSKINS, MURRAY
STREET ADDRESS 5072 N.W. 45TH AVE.
CITY-ST-ZIP COCONUT CREEK FL 33073

2.1 TITLE ☒ Change ☒ Addition
2.2 NAME SMITH, DEBBIE
2.3 STREET ADDRESS 6750 NW 23 STREET
2.4 CITY-ST-ZIP MARGATE, FL. 33063

TITLE DVP ☒ DELETE
NAME LEWIS, MICHEAL W
STREET ADDRESS 7820 S. WOODRIDGE DR.
CITY-ST-ZIP PARKLAND FL 33067

3.1 TITLE ☒ Change ☒ Addition
3.2 NAME MUCKLEY, PETER
3.3 STREET ADDRESS 8872 NW 56 STREET
3.4 CITY-ST-ZIP CORAL SPRINGS, FL. 33067

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE *Bill Kern* BILL KERN, PRESIDENT, DIRECTOR 3/21/97 954 7556173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0025645

CR2E037 (9/96)