

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000005023

1. Entity Name
**BOCA RATON FAST PITCH SOFTBALL ASSOCIATION,
INC.**



Principal Place of Business
**21580 ARBOR WAY
BOCA RATON, FL 33433 US**

Mailing Address
**P O BOX 273693
BOCA RATON, FL 33486 US**



02062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0624756** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**FENICHEL, KIMBERLY S
220 BAXTER ROAD
LAKE HELEN, FL 32744**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MCDONALD, MICHELLE
STREET ADDRESS 21580 ARBOR WAY
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE TD
NAME GREEN, CHARLES
STREET ADDRESS 4363 NW 2ND TERRACE
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE SD
NAME GREEN, LILLIAN
STREET ADDRESS 4363 NW 2ND TERRACE
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE D
NAME MCDONALD, JOHN
STREET ADDRESS 21580 ARBOR WAY
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000427743
02/21/06-80020-017 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CHARLES M. GREEN
TD**

2/6/06
Date

954-923-4747
Daytime Phone #