


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90016 011 \*\*\*\*70.00

<b>DOCUMENT # N95000005023</b> 1. Entity Name <b>BOCA RATON FAST PITCH SOFTBALL ASSOCIATION, INC.</b>					
Principal Place of Business <b>21580 ARBOR WAY</b> <b>BOCA RATON, FL 33433 US</b>			Mailing Address <b>P O BOX 273693</b> <b>BOCA RATON, FL 33486 US</b>		
2. Principal Place of Business - No P.O. Box # <b>6780 Tiburon Circle</b>			3. Mailing Address Suite, Apt. #, etc.		
City & State <b>Boca Raton, FL</b>			City & State Suite, Apt. #, etc.		
Zip <b>33433</b>		Country <b>U.S.</b>		4. FEI Number <b>65-0624756</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>FENICHEL, KIMBERLY S</b> <b>220 BAXTER ROAD</b> <b>LAKE HELEN, FL 32744</b>			7. Name and Address of New Registered Agent Name <b>John Koutsoupis</b> Street Address (P.O. Box Number is Not Acceptable) <b>4840 NW 28th way</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33434</b>		
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 <b>John Koutsoupis</b> <small>Signature, typed or printed name of registered agent and title if applicable</small>		Treasurer <b>2-19-07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCDONALD, MICHELLE 21580 ARBOR WAY BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President John Engelke 6780 Tiburon Circle Boca Raton, 33433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREEN, CHARLES 4363 NW 2ND TERRACE BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer John Koutsoupis 4840 NW 28th way Boca Raton FL 33434 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GREEN, LILLIAN 4363 NW 2ND TERRACE BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP George Karibjanian 1133 SW 20th St Boca Raton FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONALD, JOHN 21580 ARBOR WAY BOCA RATON, FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <b>John Koutsoupis</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>2/19/07</b> <small>Date</small>		<b>521 488-1058</b> <small>Daytime Phone #</small>	