


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000002285	
1. Entity Name BENGAL BASEBALL BOOSTERS, INC.	

Principal Place of Business 8601 NW 52ND COURT LAUDERHILL, FL 33351 US	Mailing Address 8601 NW 52ND COURT LAUDERHILL, FL 33351 US
---	---



02072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0683114	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SOMERS, K. TINA 8601 NW 52ND CT LAUDERHILL, FL 33351
--

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$81.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LECOUMOTE, RUSTY 11120 N.W. 27 PL SUNRISE, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FISHER, RONNI 3207 NW 102 TER. SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCTAGUE, BENITA 8360 NW 44 CT LAUDERHILL, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOMERS, TINA 8601 NW 52ND CT LAUDERHILL, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I 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 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: *Benita Mctague* **2/4/05 954-765-2564**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR