

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 03, 2007
Secretary of State

DOCUMENT# N96000002285

Entity Name: BENGAL BASEBALL BOOSTERS, INC.**Current Principal Place of Business:**9811 NW 35 CT
SUNRISE, FL 33351 US**New Principal Place of Business:**4348 NW 120 LANE
SUNRISE, FL 33323 US**Current Mailing Address:**9811 NW 35 CT
SUNRISE, FL 33351 US**New Mailing Address:**4348 NW 120 LANE
SUNRISE, FL 33323 US**FEI Number:** 65-0683114**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LAMSON, JENNIFER
9811 NW 35 CT
SUNRISE, FL 33351 US**Name and Address of New Registered Agent:**WELLS-SELBIG, ALISON J
4348 NW 120 LANE
SUNRISE, FL 33323 US

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.

SIGNATURE: ALISON J WELLS-SELBIG

08/03/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GIOLETTI, STEPHEN
Address: 4795 NW 115TH WAY
City-St-Zip: SUNRISE, FL 33323

Title: S () Delete
Name: O'CONNOR, THRESE
Address: 10053 WINDING LAKE RD # 102
City-St-Zip: SUNRISE, FL 33351

Title: T () Delete
Name: LAMSON, JENNIFER
Address: 9811 NW 35TH CT
City-St-Zip: SUNRISE, FL 33351

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ACEVEDO, RAMONE
Address: 10701 NW 26 PLACE
City-St-Zip: SUNRISE, FL 33322

Title: S (X) Change () Addition
Name: WEINER, MERYL
Address: 4357 NW 120 LANE
City-St-Zip: SUNRISE, FL 33323

Title: T (X) Change () Addition
Name: WELLS-SELBIG, ALISON
Address: 4348 NW 120 LANE
City-St-Zip: SUNRISE, FL 33323

Title: VP () Change (X) Addition
Name: COSTANZO, CHRIS
Address: 9431 NW 42 STREET
City-St-Zip: SUNRISE, FL 33351 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALISON J WELLS-SELBIG

TREA

08/03/2007

Electronic Signature of Signing Officer or Director

Date