

2008 NOT-FOR-PROFIT CORPORATE ANNUAL REPORT

FILED
Sep 22, 2008 8:00 A.M.
Secretary of State

DOCUMENT # N96000002285

1. Entity Name
BENGAL BASEBALL BOOSTERS, INC.

Principal Place of Business
4348 NW 120 LANE
SUNRISE, FL 33323 US

Mailing Address
4348 NW 120 LANE
SUNRISE, FL 33323 US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9-22 30



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09162008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0683114

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WELLS-SELBIG, ALISON J
4348 NW 120 LANE
SUNRISE, FL 33323

7. Name and Address of New Registered Agent

Name DURAN, CARMEN

Street Address (P.O. Box Number is Not Acceptable)

10741 NW 29th Court

City SUNRISE

FL

Zip Code

33322

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)

9/16/08

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME ACEVEDO, RAMONE ☐ Delete
STREET ADDRESS 10701 NW 26 PLACE
CITY-ST-ZIP SUNRISE, FL 33322

TITLE S
NAME WEINER, MERYL ☐ Delete
STREET ADDRESS 4357 NW 120 LANE
CITY-ST-ZIP SUNRISE, FL 33323

TITLE T
NAME WELLS-SELBIG, ALISON ☐ Delete
STREET ADDRESS 4348 NW 120 LANE
CITY-ST-ZIP SUNRISE, FL 33323

TITLE VP
NAME COSTANZO, CHRIS ☐ Delete
STREET ADDRESS 9431 NW 42 STREET
CITY-ST-ZIP SUNRISE, FL 33351

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME BAILEY, NANCY V
STREET ADDRESS 11800 NW 40th PL
CITY-ST-ZIP SUNRISE, FL 33323

TITLE ☒ Change ☐ Addition
NAME DURAN, CARMEN
STREET ADDRESS 10741 NW 29th Ct
CITY-ST-ZIP SUNRISE, FL 33322

TITLE ☒ Change ☐ Addition
NAME MOREJON, MICHAEL
STREET ADDRESS 9445 NW 42nd Street
CITY-ST-ZIP SUNRISE, FL 33331

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

9/16/08

Daytime Phone #

854-326-6805