2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# N97000005673

Entity Name: FLORIDA CRICKET UMPIRE ASSOC., INC.

Current Principal Place of Business:

410 NE 172ND ST.
NORTH MIAMI BEACH, FL 331623919

New Principal Place of Business:

Current Mailing Address:

410 NE 172ND ST.
NORTH MIAMI BEACH, FL 331623919

New Mailing Address:

FEI Number: 65-0789394 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARROL, ASTA BLAIR
410 NE 172ND ST.
NORTH MIAMI BEACH, FL 331623919 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	CARROL, ASTA B	
Address:	410 NE 172ND ST.	
City-St-Zip:	NORTH MIAMI BEACH, FL 331623919	
Title:	VP	( ) Delete
Name:	JORDAN, WILLIAM	
Address:	410 NE 172ND ST.	
City-St-Zip:	NORTH MIAMI BEACH, FL 331623919	
Title:	S	( ) Delete
Name:	DIAH, MAXMILLIAN	
Address:	410 NE 172ND ST.	
City-St-Zip:	NORTH MIAMI BEACH, FL 331623919	
Title:	T	( ) Delete
Name:	BROITHWAITE, GROFTON	
Address:	410 NE 172ND ST.	
City-St-Zip:	NORTH MIAMI BEACH, FL 331623919	
Title:	AST	( ) Delete
Name:	HARPER, PHILLIP	
Address:	410 NE 172ND ST.	
City-St-Zip:	NORTH MIAMI BEACH, FL 331623919	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ASTA BLAIR CARROL P 04/30/2005

Electronic Signature of Signing Officer or Director — Date