


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90212 018 \*\*\*\*70.00

<b>DOCUMENT # N97000005673</b> 1. Entity Name FLORIDA CRICKET UMPIRE ASSOC., INC.					
Principal Place of Business 410 NE 172ND ST. NORTH MIAMI BEACH, FL 33162-3919			Mailing Address 410 NE 172ND ST. NORTH MIAMI BEACH, FL 33162-3919		
2. Principal Place of Business <i>SAME AS ABOVE</i>		3. Mailing Address <i>SAME AS ABOVE</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0789394</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  CARROL, ASTA BLAIR 410 NE 172ND ST. NORTH MIAMI BEACH, FL 33162-3919				7. Name and Address of New Registered Agent Name <i>SAME NO CHANGE</i> Street Address (P.O. Box Number is Not Acceptable)  City <i>FL</i> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARROL, ASTA B 410 NE 172ND ST. NORTH MIAMI BEACH, FL 331623919		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JORDAN, WILLIAM 410 NE 172ND ST. NORTH MIAMI BEACH, FL 331623919		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MICHAEL GREEN 2230 N.W. 50 <sup>th</sup> AVE LAUDERHILL FL 33312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIAH, MAXMILLIAN 410 NE 172ND ST. NORTH MIAMI BEACH, FL 331623919		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROTHWAITE, GROFTON 410 NE 172ND ST. NORTH MIAMI BEACH, FL 331623919		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GROFTON BRATHWAITE 3721 N.W. 16 <sup>th</sup> TERR CAROL CITY FL 33055	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST HARPER, PHILLIP 410 NE 172ND ST. NORTH MIAMI BEACH, FL 331623919		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST WILLIAM JORDAN PO BOX 9408 WEST PALM BEACH FL 33419	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.					
<b>SIGNATURE: <i>GROFTON BRATHWAITE T</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/28/06 305 621-9742</b> <small>Date Daytime Phone #</small>		