

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2007 8:00 am
Secretary of State

08-27-2007 90031 038 ****70.00

DOCUMENT # N97000005673 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 - No P.O. Box # 3721 N.W. 169 TERR		3. Mailing Address 3721 N.W. 169 TERR			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		05162007 Chg-NP CR2E037 (12/06)	
City & State MIAMI GARDENS FL		City & State MIAMI GARDENS FL		4. FEI Number 65-0789394	
Zip 33055		Country DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 DIAH MAXMILLIAN Street Address (P.O. Box Number is Not Acceptable) 2615 POLK ST. #6 HOLLYWOOD FL 33020 City FL Zip Code 33020			
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 GRAFTON BRATHWAITE AST G-ZE B-H te 8-22-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME CARROL, ASTA B STREET ADDRESS 410 NE 172ND ST. CITY-ST-ZIP NORTH MIAMI BEACH, FL 331623919	<input type="checkbox"/> Delete		TITLE P NAME DIAH MAXMILLIAN STREET ADDRESS 2615 POLK ST. #6 CITY-ST-ZIP HOLLYWOOD FL 33020	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME GREEN, MICHAEL STREET ADDRESS 2230 NW 50TH AVE CITY-ST-ZIP LAUDERHILL, FL 33312	<input type="checkbox"/> Delete		TITLE V NAME VINCENT HARTLEY STREET ADDRESS 3721 N.W. 169 TERR CITY-ST-ZIP MIAMI GARDENS FL 33055	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME DIAH, MAXMILLIAN STREET ADDRESS 410 NE 172ND ST. CITY-ST-ZIP NORTH MIAMI BEACH, FL 331623919	<input type="checkbox"/> Delete		TITLE S NAME DAVID LAITLAND STREET ADDRESS 2615 POLK ST. #6 CITY-ST-ZIP HOLLYWOOD FL 33020	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME BRATHWAITE, GRAFTON STREET ADDRESS 3721 NW 169TH TERR CITY-ST-ZIP CAROL CITY, FL 33055	<input type="checkbox"/> Delete		TITLE T NAME BASIL CAMBRIDGE STREET ADDRESS 700 N. TOWAY CITY-ST-ZIP HOLLYWOOD FL 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE AST NAME JORDAN, WILLIAM STREET ADDRESS PO BOX 9408 CITY-ST-ZIP WEST PALM BEACH, FL 33419	<input type="checkbox"/> Delete		TITLE AST NAME GRAFTON BRATHWAITE STREET ADDRESS 3721 N.W. 169 TERR CITY-ST-ZIP MIAMI GARDENS FL 33055	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: GRAFTON BRATHWAITE G-ZE B-H te 8-22-07 305621-9742 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					