

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

02-15-2007 90053 048 ****50.00
04-02-2007 90064 046 ****11.25

DOCUMENT # N98000003472 1. Entity Name CUTLER RIDGE BASEBALL, INC.					
Principal Place of Business 7740 SW 178 ST MIAMI FL 33157			Mailing Address 7740 SW 178 ST MIAMI FL 33157		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0927764	
Zip		Country		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PEEPLES, RICHARD H III 7740 SW 178 ST MIAMI FL 33157			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renouncing)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PEEPLES, RICHARD H III 7740 SW 178 ST MIAMI FL 33157	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1VPD PRONGAY, DENISE 8831 SW 149 ST MIAMI FL 33176	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2VPD MOSER, DONNA S 20320 SW 80 AVE. MIAMI FL 33189	☒ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD PEEPLES, JOANNE E 7749 S.W. 178 ST. MIAMI FL 33157	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>RICHARD H. PEEPLES</u> 2/7/07 305-282-1006					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					