

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90167 033 \*\*\*\*70.00

**DOCUMENT # N98000007126**

1. Corporation Name

**LIGHTNING BASEBALL BOOSTER CLUB, INC.**

Principal Place of Business

% DR. MICHAEL M. KROP. HIGH SCHOOL  
1400 COUNTYLINE ROAD  
MIAMI FL 33179

Mailing Address

% DR. MICHAEL M. KROP. HIGH SCHOOL  
1400 COUNTYLINE ROAD  
MIAMI FL 33179



2. Principal Place of Business

21 c/o Fred Knoll

Suite, Apt. #, etc.

22 951 NE 167th St. Suite #208

City & State

23 N. Miami Beach, FL

Zip Country

24 33162

25 USA

2a. Mailing Address

26 c/o Fred Knoll

Suite, Apt. #, etc.

27 951 NE 167th St. Suite #208

City & State

28 N. Miami Beach, FL

Zip Country

29 33162

30 USA

3. Date Incorporated or Qualified

12/17/1998

4. FEI Number

65-0882579

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

SEIDEN, JAN K ESQ.  
2250 SW THIRD AVENUE  
FIFTH FLOOR  
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME KNOLL, FRED

STREET ADDRESS 951 NE 167TH ST SUITE 208

CITY-ST-ZIP N MIAMI BEACH FL 33162

TITLE VD ☐ DELETE

NAME SEIDEN, JAN K

STREET ADDRESS 1900 NE 206TH STREET

CITY-ST-ZIP N MIAMI BEACH FL 33179

TITLE SD ☐ DELETE

NAME LAVIN, ANDY

STREET ADDRESS 2699 STERLING ROAD SUITE B-100

CITY-ST-ZIP FT LAUDERDALE FL 33312

TITLE TD ☐ DELETE

NAME PENA, PATRICIA

STREET ADDRESS 19665 NE 11TH COURT

CITY-ST-ZIP N MIAMI BEACH FL 33179

TITLE D ☐ DELETE

NAME LEJA, JEANNE

STREET ADDRESS 3300 NE 191ST ST APT 106

CITY-ST-ZIP AVENTURA FL 33180

TITLE D ☐ DELETE

NAME AXELROD, ALAN

STREET ADDRESS 20900 NE 21ST COURT

CITY-ST-ZIP N MIAMI BEACH FL 33179

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

3350 NE 192nd Street-Apt. 1R  
Aventura, FL 33180

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-99 (305) 858-0220

Date

Daytime Phone #

CR2E037 (11/98)