

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

05-03-2006 90217 031 \*\*\*\*61.25



DOCUMENT # N98000007126  
 1. Entity Name  
 LIGHTNING BASEBALL BOOSTER CLUB, INC.

Principal Place of Business  
 C/O BARBARA GENER  
 19920 HIGHLAND LAKES BLVD  
 MIAMI, FL 33179 US

Mailing Address  
 C/O BARBARA GENER  
 19920 HIGHLAND LAKES BLVD  
 MIAMI, FL 33179 US  
 SHARON LEECH



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 2505 NE 200th St  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04122006 Chg-NP CR2E037 (11/05)

4. FEI Number  
 65-0882579  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MCWALLY, WILLIAM  
 19841 NE 10 PL  
 NORTH MIAMI BEACH, FL 33179

7. Name and Address of New Registered Agent  
 Name: SHARON LEECH  
 Street Address (P.O. Box Number is Not Acceptable)  
 2505 NE 200th St  
 City: N.M.B. FL Zip Code: 33180

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: Sharon Leech DATE: 4-18-06  
 (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006  
 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		
TITLE	P	<input type="checkbox"/> Delete
NAME	MCWALLY, WILLIAM	
STREET ADDRESS	19841 NE 10 PL	
CITY-ST-ZIP	N MIAMI BEACH, FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENJAMIN ARHETA	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jose M. Iglesias	
STREET ADDRESS	138 S. Island	
CITY-ST-ZIP	Golden Beach, FL 33160	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARON LEECH	
STREET ADDRESS	2505 NE 200th St	
CITY-ST-ZIP	N.M.B. FL 33180	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Abby Schobel Karr	
STREET ADDRESS	2405 NE 194 Street	
CITY-ST-ZIP	M, FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Sharon Leech / SHARON D. LEECH DATE: 4-18-06 9059370300  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #