2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N98000007126

T FILED
Jul 29, 2009
Secretary of State

Entity Name: LIGHTNING BASEBALL BOOSTER CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

2405 NE 194TH ST. 17071 WEST DIXIE HWY

MIAMI, FL 33180 US NORTH MIAMI BEACH, FL 33160 US

Current Mailing Address: New Mailing Address:

2405 NE 194TH ST. 17071 WEST DIXIE HWY

MIAMI, FL 33180 US NORTH MIAMI BEACH, FL 33160 US

FEI Number: 65-0882579 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KARR, ABBY
2405 NE 194 ST.

KONDLA, RICHARD
17071 WEST DIXIE HWY

MIAMI, FL 33180 US NORTH MIAMI BEACH, FL 33160 US

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.

SIGNATURE: RICHARD KONDLA 07/29/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: PT () Delete Title: P (X) Change () Addition

 Name:
 KARR, ABBY
 Name:
 KONDLA, RICHARD

 Address:
 2405 NE 194 ST.
 Address:
 17071 WEST DIXIE HWY

City-St-Zip: MIAMI, FL 33180 City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

 Name:
 LEBOUIC, EVA
 Name:
 THOMAS, GREG

 Address:
 19000 NE 20TH CT
 Address:
 19000 NE 20TH CT

City-St-Zip: NORTH MIAMI BEACH, FL 33179 City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

 $\label{eq:title:Title:$

 Name:
 KONDLA, RICHARD
 Name:
 LEECH, SHARON

 Address:
 9000 SW 137 AVE
 Address:
 2565 NE 200TH STREET

City-St-Zip: MIAMI, FL 33186 City-St-Zip: NORTH MIAMI BEACH, FL 33180 US

Title: T () Delete Title: S (X) Change () Addition Name: KARR, ABBY S Name: COHEN, SUSAN

Address: 2405 NE 194TH ST Address: 2060 NE 203 STREET

City-St-Zip: MIAMI, FL 33180 City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: VP (X) Delete Title: () Change () Addition

 Title:
 VP
 (X) Delete
 Title:

 Name:
 BATES, ELLIE
 Name:

 Address:
 801 NE 174 ST.
 Address:

 City-St-Zip:
 MIAMI, FL 33162
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON LEECH T 07/29/2009