


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90031 033 ****61.25

DOCUMENT # N99000000367 1. Entity Name COOPER CITY SOFTBALL BOOSTER CLUB, INC.					
Principal Place of Business 5116 SW 92 TERRACE COOPER CITY, FL 33328			Mailing Address 5116 SW 92 TERRACE COOPER CITY, FL 33328		
2. Principal Place of Business - No P.O. Box # 5542 SW 114 AVE Suite, Apt. #, etc.		3. Mailing Address 4839 SW 148 AVE Suite, Apt. #, etc. 508			
City & State COOPER CITY		City & State DAVIE, FL		4. FEI Number 65-0887444	
Zip FL 33330		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MALLOY, JILL A 5116 SW 92 TERRACE 4839 SW 148 Ave # 508 COOPER CITY, FL 33328 DAVIE, FL 33330			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 _____ <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 May 1, 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 NAME STREET ADDRESS CITY - ST - ZIP	P SISCO, SALLY <input checked="" type="checkbox"/> Delete 11624 SW 53 PLACE COOPER CITY, FL 33328		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition IRA PUDOL 5542 SW 114 AVE COOPER CITY, FL 33330	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MALLOY, JILL A <input type="checkbox"/> Delete 5116 SW 92 TERRACE COOPER CITY, FL 33328		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JILL MALLOY 4839 SW 148 #508 DAVIE, FL 33330	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARIA NIEVES GRZYBEK 11866 SW 59 CT COOPER CITY FL 33330	
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	
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: <u><i>Jill A. Malloy</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5/1/07 (954) 680-8274 <small>Date Daytime Phone #</small>		

40102413



04282007 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

8.75 Additional Fee Required

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SISCO, SALLY <input checked="" type="checkbox"/> Delete 11624 SW 53 PLACE COOPER CITY, FL 33328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MALLOY, JILL A <input type="checkbox"/> Delete 5116 SW 92 TERRACE COOPER CITY, FL 33328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition IRA PUDOL 5542 SW 114 AVE COOPER CITY, FL 33330
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JILL MALLOY 4839 SW 148 #508 DAVIE, FL 33330
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARIA NIEVES GRZYBEK 11866 SW 59 CT COOPER CITY FL 33330
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: *Jill A. Malloy* 5/1/07 (954) 680-8274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #