

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001818

Entity Name: PERRINE BASEBALL AND SOFTBALL ASSOCIATION, INC.**Current Principal Place of Business:**20155 FRANJO RD.
MIAMI, FL 33189**Current Mailing Address:**P.O. BOX 571006
MIAMI, FL 33257**FEI Number:** 65-0359989**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**TEGZES, FRANCINE E
8925 SW 148 ST STE 200
MIAMI, FL 33176 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT
Name FRY, MICHELLE
Address 20155 FRANJO RD.
City-State-Zip: MIAMI FL 33189

Title 1ST VICE PRESIDENT
Name BENDER, LESLIE
Address 20155 FRANJO RD.
City-State-Zip: MIAMI FL 33189

Title 2ND VICE PRESIDENT
Name JULLIE, DAVID
Address 20155 FRANJO RD.
City-State-Zip: MIAMI FL 33189

Title TREASURER
Name JONES JR., VERNON M
Address 20155 FRANJO RD.
City-State-Zip: MIAMI FL 33189

Title SECRETARY
Name VOLKER, ANNE
Address 20155 FRANJO RD.
City-State-Zip: MIAMI FL 33189

Title BASEBALL COMMISSIONER
Name FIGUEROA, NESTOR
Address 20155 FRANJO RD.
City-State-Zip: MIAMI FL 33189

Title SOFTBALL COMMISSIONER
Name BENDER, KEVIN
Address 20155 FRANJO RD.
City-State-Zip: MIAMI FL 33189

Title PARK REPRESENTATIVE
Name DIAZ, MANNY
Address 20155 FRANJO RD.
City-State-Zip: MIAMI FL 33189

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I hereby 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 all other like empowered.

SIGNATURE: VERNON M. JONES JR.**TREASURER****04/17/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	AUXILIARY PRESIDENT
Name	HIDALGO, DENISE
Address	20155 FRANJO RD.
City-State-Zip:	MIAMI FL 33189