

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N18867 (4)**

1. Corporation Name

**MARTIN COUNTY BASEBALL BOOSTERS, INC.**



Principal Place of Business

Mailing Address

P O BOX 496  
STUART FL 34995

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STUART FL 34995

3. Date Incorporated or Qualified  
**01/22/1987**

3a. Date of Last Report  
**02/09/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

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

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GORDON PROTOR  
33 FLAGLER AVE  
STUART FL 34994**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	FRANZ UHL	
STREET ADDRESS	22 E. OSEOLA AVE.	
CITY-ST-ZIP	STUART FL 34994	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BROWNIE JILL	
STREET ADDRESS	2876 NE TIMBERLANE CIRCLE	
CITY-ST-ZIP	JENSEN BCH., FL 34957	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GORDON PORCTOR	
STREET ADDRESS	33 FLAFLER AVE.	
CITY-ST-ZIP	STUART FL 34994	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DORIS SACCARECCIA	
STREET ADDRESS	76 W. CABANA PT CIRCLE	
CITY-ST-ZIP	STUART FL 34994	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Denise Atkinson	
1.3 STREET ADDRESS	3369 SW 75th Ave.	
1.4 CITY-ST-ZIP	Palm City, FL. 34990	
2.1 TITLE	Vn	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Brad Sellick	
2.3 STREET ADDRESS	661 SW Woodside Ct	
2.4 CITY-ST-ZIP	Palm City, FL. 34990	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kathy Merklinger	
3.3 STREET ADDRESS	2418 SE Federal Hwy.	
3.4 CITY-ST-ZIP	Stuart, FL. 34994	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lynn Matthews	
4.3 STREET ADDRESS	1653 SW 34th St.	
4.4 CITY-ST-ZIP	Palm City, FL. 34990	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

**SIGNATURE:** *Denise Atkinson* Denise Atkinson, Pres. 4/19/96 407-221-7575  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)