

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997**  
**AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

**FILED**

**Aug 19 1997 8:00am**  
**Secretary of State**

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N18867 (4)**  
 1. Corporation Name  
**MARTIN COUNTY BASEBALL BOOSTERS, INC.**



Principal Place of Business P O BOX 495 STUART FL 34995	Mailing Address P O BOX 495 STUART FL 34995
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/22/1987</b>	3a. Date of Last Report <b>05/01/1996</b>
21	22	26	27	4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
23		28		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>GORDON PROTOR</b> <b>33 FLAGLER AVE</b> <b>STUART FL 34994</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ATKINSON, DENISE			1.2 NAME	Doug Evans		
STREET ADDRESS	3369 SW 75TH AVE.			1.3 STREET ADDRESS	2055 SW Danforth Circle		
CITY-ST-ZIP	PALM CITY FL			1.4 CITY-ST-ZIP	Palm City, FL 34990		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SELICK, BRAD			2.2 NAME	Barbi Moline		
STREET ADDRESS	661 SW WOODSIDE CT			2.3 STREET ADDRESS	939 Central Parkway		
CITY-ST-ZIP	PALM CITY FL			2.4 CITY-ST-ZIP	Stuart, FL 34994		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MERKLINGER, KATHY			3.2 NAME	Diane Andersen		
STREET ADDRESS	2418 SE FEDERAL HWY.			3.3 STREET ADDRESS	6504 SW 52nd Terrace		
CITY-ST-ZIP	STUART FL			3.4 CITY-ST-ZIP	Palm City, FL 34990		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MATTHEWS, LYNN			4.2 NAME	Holly Johansen		
STREET ADDRESS	1653 SW 34TH ST.			4.3 STREET ADDRESS	3119 NE Hickory Ridge Drive		
CITY-ST-ZIP	PALM CITY FL			4.4 CITY-ST-ZIP	Jensen Beach, FL 34957		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 \_\_\_\_\_ **H. O. SIGNATURE REQUIRED** \_\_\_\_\_

CR2E037 (4/97)