

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90179 041 ****61.25

DOCUMENT # N18867
 1. Entity 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

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country



MOORE CR2E037 (11/03)

4. FEI Number: **NO-T APPLICABLE**
 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GORDON PROTOR
33 FLAGLER AVE
STUART FL 34994

7. Name and Address of New Registered Agent

Name: *James Steinhilber*
 Street Address (P.O. Box Numbers Not Acceptable): *1420 SW Dyer Pt. Rd.*
 City: *Palm City* FL Zip Code: *34990*

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating)
 DATE: *4-28-04*

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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: PD NAME: CROTTA, BUDDY STREET ADDRESS: 4994 SW LAKE GROVE CIR. CITY-ST-ZIP: PALM CITY FL 34990	<input checked="" type="checkbox"/> Delete
TITLE: VPD NAME: SEBOL, TED STREET ADDRESS: 1392 SW SEA HOLLY WAY CITY-ST-ZIP: PALM CITY FL 34990	<input type="checkbox"/> Delete
TITLE: TD NAME: ZANFINI, SUSAN STREET ADDRESS: 4701 BIMINI CIR. N CITY-ST-ZIP: PALM CITY FL 34990	<input checked="" type="checkbox"/> Delete
TITLE: SD NAME: PARENTEAU, KIM STREET ADDRESS: 829 SW STRATFORD CT. CITY-ST-ZIP: PALM CITY FL 34990	<input type="checkbox"/> Delete
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD NAME: James V. Steinhilber STREET ADDRESS: 1420 SW Dyer Pt. Rd. CITY-ST-ZIP: Palm City FL 34990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VPD NAME: Ted Sobol STREET ADDRESS: [Blank] CITY-ST-ZIP: Palm City FL 34990	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Treasurer NAME: Suzanne Curry STREET ADDRESS: P.O. Box 1425 CITY-ST-ZIP: Palm City, FL 34991	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: Kim Parenteau STREET ADDRESS: 829 SW Stratford Ct. CITY-ST-ZIP: Palm City FL 34990	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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: *Suzanne L. Curry* - Suzanne L. Curry - Treasurer 5/4/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #