

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000008374

**Entity Name:** SANTA FE RAIDER BASEBALL BOOSTER CLUB INC**Current Principal Place of Business:**16213 NW US HWY 441  
ALACHUA, FL 32615**Current Mailing Address:**P O BOX 1533  
ALACHUA, FL 32615**FEI Number:** 46-3650916**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COPELAND ESTY, MARLA  
640 NE SANTA FE BLVD  
HIGH SPRINGS, FL 32643 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            SUTTON, ROBERT  
Address        P O BOX 1533  
City-State-Zip: ALACHUA FL 32615

Title            TREASURER  
Name            MCCRANIE, PAM  
Address        P O BOX 1533  
City-State-Zip: ALACHUA FL 32615

Title            SECRETARY  
Name            MCELROY, CHARLEEN  
Address        P O BOX 1533  
City-State-Zip: ALACHUA FL 32615

Title            OFFICER  
Name            CARTER, WESLEY  
Address        P O BOX 1533  
City-State-Zip: ALACHUA FL 32615

Title            OFFICER  
Name            BROWN, JEREMY  
Address        P O BOX 1533  
City-State-Zip: ALACHUA FL 32615

Title            OFFICER  
Name            THOMPSON, STEPHANIE  
Address        P O BOX 1533  
City-State-Zip: ALACHUA FL 32615

Title            OFFICER  
Name            D'AGOSTINO, TRACI  
Address        P O BOX 1533  
City-State-Zip: ALACHUA FL 32615

*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:** PAMELA R. MCCRANIE**TREASURER****02/09/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date