

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