

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000008374

FILED
Feb 09, 2017
Secretary of State
CC4994635515

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