

2021 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 32616-1533 US**FEI Number:** 46-3650916**Certificate of Status Desired:** Yes**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	GEELHOED, KATHY
Address	P O BOX 1533
City-State-Zip:	ALACHUA FL 32616-1533

Title	TREASURER
Name	RICHARD, DEASON
Address	P O BOX 1533
City-State-Zip:	ALACHUA FL 32616-1533

Title	SECRETARY
Name	RECHSTEINER, DANA
Address	P O BOX 1533
City-State-Zip:	ALACHUA FL 32616-1533

Title	OFFICER
Name	NORTHWAY, NEAL
Address	P O BOX 1533
City-State-Zip:	ALACHUA FL 32616-1533

Title	OFFICER
Name	BRYAN, JULIE
Address	P O BOX 1533
City-State-Zip:	ALACHUA FL 32616-1533

Title	OFFICER
Name	COX, STEPHANIE
Address	PO BOX 1533
City-State-Zip:	ALACHUA FL 32616-1533

Title	OFFICER
Name	GILLIS, RACHEL
Address	PO BOX 1533
City-State-Zip:	ALACHUA FL 32616-1533

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: RICHARD D. DEASON**TREASURE****04/22/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date