

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000008374

**FILED**  
**Feb 23, 2018**  
**Secretary of State**  
**CC0071197620**

**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            THOMPSON, STEPHANIE  
Address        P O BOX 1533  
City-State-Zip: ALACHUA FL 32616-1533

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

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

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

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

Title            OFFICER  
Name            D'AGOSTINO, TRACI  
Address        P O BOX 1533  
City-State-Zip: ALACHUA FL 32616-1533

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

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

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*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: RANDY GRAETZ**

**TREASURER**

**02/23/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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