

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2004 8:00 am**  
**Secretary of State**

04-06-2004 90019 018 \*\*\*\*70.00

**DOCUMENT # N00000001629**

1. Entity Name

**RUTHERFORD BASEBALL BOOSTERS CLUB, INC.**



Principal Place of Business

1000 SCHOOL AVE., RUTHERFORD HIGH SCHL  
HLETICS  
PANAMA CITY FL 32404

Mailing Address

P.O. BOX 3104  
PANAMA CITY FL 32404

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

DEESE, JUDY A  
3581 ADAM COURT  
TYRDALL AFB FL 32403

7. Name and Address of New Registered Agent

Name

David Woodford

Street Address (P.O. Box Number is Not Acceptable)

6601 Boat Race Road

City

Panama City

FL

Zip Code

32404

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	DEESE, JUDY A	<input checked="" type="checkbox"/> Delete
NAME		2581 ADAM COURT	
STREET ADDRESS		TAFB FL 32403	
CITY-ST-ZIP			
TITLE	VD	WOODFORD, DAVID	<input checked="" type="checkbox"/> Delete
NAME		6601 BOATRACE RD	
STREET ADDRESS		PANAMA CITY FL 32404	
CITY-ST-ZIP			
TITLE	VD	SMITH, BUTCH	<input type="checkbox"/> Delete
NAME		8436 COUNTY ROAD #2301	
STREET ADDRESS		YOUNGSTOWN FL	
CITY-ST-ZIP			
TITLE	T	MOORE, YVONNE	<input type="checkbox"/> Delete
NAME		904 GREENTREE RD	
STREET ADDRESS		PANAMA CITY FL 32401	
CITY-ST-ZIP			
TITLE	S	STARR, TWANA	<input checked="" type="checkbox"/> Delete
NAME		C/O RUTHERFORD H/S / 1000 SCHOOL AVE	
STREET ADDRESS		PANAMA CITY FL 32404	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	woodford, David	
STREET ADDRESS	6601 Boat Race Rd	
CITY-ST-ZIP	Panama City FL 32404	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kelly Olfson	
STREET ADDRESS	4618 Gore Rd	
CITY-ST-ZIP	Panama City FL 32404	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sean Aland	
STREET ADDRESS	7011 Benton Dr	
CITY-ST-ZIP	Panama City FL 32404	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/2/4

850 871-5189