

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90099 005 ****61.25

DOCUMENT # N000000001629

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

1000 School Ave, RHS
Athletic Department
City & State
PANAMA CITY, FL

3. Mailing Address

P.O. Box 3104
Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State

PANAMA CITY, FL

City & State

PANAMA CITY, FL

4. FEI Number

59-3617179

Applied For

Not Applicable

Zip

32401

Country

USA

Zip

32401

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NORRED, DEBBIE
189 DORBY WOODS DR
LYNN HAVEN FL 32444

7. Name and Address of New Registered Agent

Name

Norred, Debbie

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

189 Derby Woods Drive

City

LYNN HAVEN

FL

Zip Code

32444

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

Debbie G. Norred, Treasurer

03/6/06

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

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	<input type="checkbox"/> Delete
NAME	HARRINGTON, DAN	
STREET ADDRESS	1112 INDIAN AVE	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COLLINS, CARL	
STREET ADDRESS	921 LEE CT	
CITY-ST-ZIP	PANAMA CITY FL 32464	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, CECILIA	
STREET ADDRESS	1000 SCHOOL AVE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	T	<input type="checkbox"/> Delete
NAME	NORRED, DEBBIE	
STREET ADDRESS	189 DERBY WOODS DR	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GRIZZELL, KENNETH	
STREET ADDRESS	188 DERBY WOODS DR	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Cooper	
STREET ADDRESS	2704 Whisperwood LN	
CITY-ST-ZIP	PANAMA CITY, FL 32405	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Bruce Smith, JR	
STREET ADDRESS	147 MARLIN Circle	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Debbie G. Norred, TREASURER

3/6/06

850-896-0158
850-763-1656