2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000001629

FILED Jan 10, 2007 Secretary of State

Entity Name: RUTHERFORD BASEBALL BOOSTERS CLUB, INC. **Current Principal Place of Business: New Principal Place of Business:** 1000 SCHOOL AVE., RHS ALTHLETIC DEPARTMENT PANAMA CITY, FL 32401 **New Mailing Address: Current Mailing Address:** P.O. BOX 3104 PANAMA CITY, FL 32401 FEI Number: 59-3617179 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NORRED, DEBBIE SMITH, BRUCE 147 MÁRLIN CIRCLE 189 DORBY WOODS DR US LYNN HAVEN, FL 32444 PANAMA CITY, FL 32408 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: BRUCE SMITH 01/10/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HARRINGTON, DAN Name: Name: 1112 INDIAN AVE Address: Address: City-St-Zip: LYNN HAVEN, FL 32444 City-St-Zip: Title: Title: VΡ (X) Change () Addition () Delete COLLINS, CARL Name: OGLESBY, BOB Name: Address: 921 LEE CT Address: 7917 HIGHWAY 2311 City-St-Zip: PANAMA CITY, FL 32464 City-St-Zip: PANAMA CITY, FL 32404 Title: () Delete Title: () Change () Addition COOPER, SCOTT Name: Name: 2704 WHISPERWOOD LANE Address: Address: City-St-Zip: PANAMA CITY, FL 32405 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: NORRED, DEBBIE Name: MARSH, RAY 6804 FORSYTHE DRIVE Address: 189 DERBY WOODS DR Address: City-St-Zip: LYNN HAVEN, FL 32444 City-St-Zip: PANAMA CITY, FL 32404 Title: () Delete Title: (X) Change () Addition SMITH, JR, JAMES BRUCE SMITH, BRUCE Name: Name: 147 MARLIN CIRCLE 147 MARLIN CIRCLE Address: Address: City-St-Zip: PANAMA CITY, FL 32408 City-St-Zip: PANAMA CITY, FL 32408

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BRUCE SMITH Т 01/10/2007