2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 30, 2008 8:00 am Secretary of State

DOCUMENT # N0200007263 1. Entity Name BOBCAT BASEBALL BOOSTER CLUB, INC.							ary of S1 3 90023 049 ****	
2198 HERM	ce of Business OSO RD N, FL 33486	Mailing Address 2198 HERMOSO RD BOCA RATON, FL 33486	6					
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 28 1/ Suite, Apt. #, etc.				17-	04040000	hg- N P	CR2E037 (12/06)	
BOUN Zie		Sty & State + 34	Bolt	FI	4. FEI Number 65-115039	93	N	oplied For ot Applicable
6. Name and Address of Current Registered Agent					5. Certificate of St		\$8.75 Add Fee Require	
Name Ω_{Λ}					7. Name and Address of New Registered Agent (A			
ANDERSON, ERIC 2198 HERMOSO RD BOCA RATON, FL 33486				28/	Box Number is	Not Acceptable	() (
CIP OV I					to E	Bol	FL Zip.Cog	1/25
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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIREC	9. Election Camp Trust Fund Co			\$5.00 May Be Added to Fees	Flor	lake check payable trida Department of S	tate
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V TYNER, BONNIE 374 SW 27TH TERRACE DELRAY BEACH, FL 33445	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIF	TEG	RA GRA 89 NW ZY	. 1	Change	(Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, ERIC 2198 HERMOSO ROAD BOCA RATON, FL 33486	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CULLIANE, SUE 1041 SW 17TH ST BOCA RATON, FL 33486	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ATAMAN, JULIE 260 NW 9TH ST BOCA RATON, FL 33432	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 significant 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR