

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # N03000006326

1. Entity Name  
SNOOK BASEBALL, INC.



Principal Place of Business  
POST OFFICE BOX 57  
ST. PETERSBURG, FL 33731-0057

Mailing Address  
POST OFFICE BOX 57  
ST. PETERSBURG, FL 33731-0057



04262007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
35-2212237  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KEANE, MICHAEL J  
770 2ND AVENUE SOUTH  
ST. PETERSBURG, FL 33701

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000780615  
05/25/07-80019-023 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
KEANE, MICHAEL J  
770 2ND AVE S  
SAINT PETERSBURG, FL 33701

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
GERDES, CHARLES W  
770 2ND AVE S  
SAINT PETERSBURG, FL 33701

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
CATTERTON, RICHARD M  
6956 12TH TERRACE NORTH  
SAINT PETERSBURG, FL 33710

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 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 another like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #