

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90005 050 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                      |                                                                                                                        |                                                                             |                                                                                                                                                                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N03000010147</b><br>1. Entity Name<br><b>SUNCOAST BASEBALL BOOSTERS' CLUB, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      |                                                                                                                        |                                                                             |                                                                                                                                  |  |
| Principal Place of Business<br><b>600 W. 28TH STREET<br/>RIVIERA BEACH, FL 33404 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                      |                                                                                                                        | Mailing Address<br><b>6813 NORTON AVE.<br/>WEST PALM BEACH, FL 33405 US</b> |                                                                                                                                                                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                      | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                                                          |                                                                             |                                                                                                                                                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                      | City & State                                                                                                           |                                                                             | 4. FEI Number<br><b>NOT APPLICABLE</b>                                                                                                                                                                            |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                      | Country                                                                                                                |                                                                             | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BENNETT, JAMES A<br/>6813 NORTON AVE.<br/>WEST PALM BEACH, FL 33405</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      |                                                                                                                        |                                                                             | 7. Name and Address of New Registered Agent<br>Name <b>H. THOMAS WAGNER, JR.</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>222 LAKEVIEW AVE. #1200</b><br>City <b>W.P.B</b> <b>FL</b> <b>33401</b> |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                      |                                                                                                                        |                                                                             |                                                                                                                                                                                                                   |  |
| <b>Filing Fee Is \$61.25<br/>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                      | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                             | <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                      |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      |                                                                                                                        | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                |                                                                                                                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DP<br><b>BENNETT, JAMES A MR<br/>6813 NORTON AVE.<br/>WEST PALM BEACH, FL 33405</b>  | <input checked="" type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DST<br><b>WAGNER, THOMAS MR.<br/>12300 SOUTH SHORE BLVD<br/>WELLINGTON, FL 33414</b> | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | D<br><b>BEESELY, RONALD MR<br/>1672 LIVE OAK DR.<br/>WEST PALM BEACH, FL 33415</b>   | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                      | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                      | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                      | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> 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 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. |                                                                                      |                                                                                                                        |                                                                             |                                                                                                                                                                                                                   |  |
| <b>SIGNATURE:</b> _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                      |                                                                                                                        | Date <b>3/24/07</b> Daytime Phone # <b>561-798-9988</b>                     |                                                                                                                                                                                                                   |  |