2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N05000003493

RT FILED Sep 07, 2006 Secretary of State

Entity Name: M.C. TIGER BASEBALL BOOSTERS, INC.

Current Principal Place of Business: New Principal Place of Business:

P O BOX 1453

PALM CITY, FL 34991

Current Mailing Address: New Mailing Address:

P O BOX 1453 PALM CITY, FL 34991

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BERARDI, WENDIE GUBERNICK, CARLA

4922 SW LAKE GROVE CIR
PALM CITY, FL 34990 US

1898 SW WINDCROSS RUN
PALM CITY, FL 34990 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: CARLA GUBERNICK 09/07/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S () Delete Title: P (X) Change () Addition
Name: GUBERNICK, CARLA
Address: 4003 SNM AKE CROVE CIR

 Address:
 4922 SW LAKE GROVE CIR
 Address:
 1898 SW WINDCROSS RUN

 City-St-Zip:
 PALM CITY, FL 34990
 City-St-Zip:
 PALM CITY, FL 34990

Title: T () Delete Title: T (X) Change () Addition

 Name:
 VAZQUEZ, LISA
 Name:
 VASQUEZ, BRENDA

 Address:
 3023 SW BERRY AVE
 Address:
 989 SW HUNT CLUB CIR

 City-St-Zip:
 PALM CITY, FL 34990
 City-St-Zip:
 PALM CITY, FL 34990

Title: V () Delete Title: () Change () Addition

 Name:
 SPROTT, JENNIFER
 Name:

 Address:
 3083 SW SUMMER AVE
 Address:

 City-St-Zip:
 PALM CITY, FL 34990
 City-St-Zip:

 $\label{eq:title:Title:V} {\sf Title:} \qquad {\sf V} \qquad (\) \ {\sf Change} \ ({\sf X}) \ {\sf Addition}$

 Name:
 Name:
 SCHMIDT, SUSAN

 Address:
 Address:
 1074 SW WHIPER RIDGE

 City-St-Zip:
 City-St-Zip:
 PALM CITY, FL 34990

 Name:
 Name:
 FLEMING, KARIN

 Address:
 Address:
 5508 SW ORCHID BAY DR

 City-St-Zip:
 City-St-Zip:
 PALM CITY, FL 34990

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: BRENDA VASQUEZ T 09/07/2006