

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003493

FILED
Apr 29, 2007
Secretary of State

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

Current Principal Place of Business:

P O BOX 1453
PALM CITY, FL 34991

New Principal Place of Business:

1898 SW WINDCROSS RUN
PALM CITY, FL 34990

Current Mailing Address:

P O BOX 1453
PALM CITY, FL 34991

New Mailing Address:

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

Name and Address of Current Registered Agent:

GUVERNICK, CARLA
1898 SW WINDCROSS RUN
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GUVERNICK, CARLA
Address: 1898 SW WINDCROSS RUN
City-St-Zip: PALM CITY, FL 34990

Title: T () Delete
Name: VASQUEZ, BRENDA
Address: 989 SW HUNT CLUB CIR
City-St-Zip: PALM CITY, FL 34990

Title: V () Delete
Name: SPROTT, JENNIFER
Address: 3083 SW SUMMER AVE
City-St-Zip: PALM CITY, FL 34990

Title: V () Delete
Name: SCHMIDT, SUSAN
Address: 1074 SW WHIPER RIDGE
City-St-Zip: PALM CITY, FL 34990

Title: S () Delete
Name: FLEMING, KARIN
Address: 5508 SW ORCHID BAY DR
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

04/29/2007

Electronic Signature of Signing Officer or Director

Date