

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003493

FILED
Jan 12, 2009
Secretary of State

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

Current Principal Place of Business:

1898 SW WINDCROSS RUN
PALM CITY, FL 34990

New Principal Place of Business:

5508 SW ORCHID BAY DR
PALM CITY, FL 34990

Current Mailing Address:

P O BOX 1453
PALM CITY, FL 34991

New Mailing Address:

FEI Number: 35-2253227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

FLEMING, KARIN
5508 SW ORCHID BAY DRIVE
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: KARIN FLEMING

01/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: V () Delete
Name: VASQUEZ, LISA
Address: 3023 SW BERRY AVENUE
City-St-Zip: PALM CITY, FL 34990

Title: V () Delete
Name: FRONSOE, MIKE
Address: 3009 SW CAPTIVA COURT
City-St-Zip: PALM CITY, FL 34990

Title: S () Delete
Name: WONDERS, KERRIE
Address: 5080 SE STERLING CIRCLE
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FLEMING, KARIN
Address: 5508 SW ORCHID BAY DRIVE
City-St-Zip: PALM CITY, FL 34990

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: S (X) Change () Addition
Name: THORNE, KIM
Address: 712 SW RIVER BEND CIRCLE
City-St-Zip: STUART, FL 34997

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: KARIN FLEMING

P

01/12/2009

Electronic Signature of Signing Officer or Director

Date