

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008693

FILED  
Feb 18, 2010  
Secretary of State

**Entity Name:** LEMON BAY BASEBALL BOOSTERS, INC.

**Current Principal Place of Business:**

12009 EDWARDS RD  
PORT CHARLOTTE, FL 33981

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3593  
PLACIDA, FL 339463593

**New Mailing Address:**

**FEI Number:** 03-0568837

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BENEDICT, ROBERT C  
1861 PLACIDA RD STE 204  
ENGLEWOOD, FL 342234949 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: PD  
Name: BACON, ROBERT J IV  
Address: 12009 EDWARDS RD.  
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: VP  
Name: STRAMMER, ERIC  
Address: 1479 BAYSHORE DR.  
City-St-Zip: ENGLEWOOD, FL 34223

Title: D  
Name: AL, FITCH  
Address: 10201 TOPSAIL AVENUE  
City-St-Zip: ENGLEWOOD, FL 34224

Title: T  
Name: ANDERS, JOANNE  
Address: 10153 ST PAUL DRIVE  
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: S  
Name: CARRIE, DILLMORE  
Address: 1100 OSCEOLA BLVD  
City-St-Zip: ENGLEWOOD, FL 34223

I hereby 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 all other like empowered.

SIGNATURE: JOANNE ANDERS

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02/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date