

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 27, 2008 8:00 am
Secretary of State

08-27-2008 90010 024 ****61.25

DOCUMENT # N07000000320					
1. Entity Name ATLANTIC BASEBALL BOOSTER CLUB, INC.					
Principal Place of Business 1250 REED CANAL ROAD PORT ORANGE, FL 32129			Mailing Address 1250 REED CANAL ROAD PORT ORANGE, FL 32129		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				08192008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent BROWN, HARVEY 1250 REED CANAL ROAD PORT ORANGE, FL 32129			7. Name and Address of New Registered Agent Name <u>Alan Canetti</u> Street Address (P.O. Box Number is Not Acceptable) <u>6 Candle Ct.</u> City <u>South Daytona</u> FL Zip Code <u>32119</u>		
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: <u></u> <u>ALAN CANETTI</u> <u>8/18/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROWN, HARVEY 1519 LEONE LANE PORT ORANGE, FL 32129	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CANETTI, ALAN 6 CANDLE COURT SOUTH DAYTONA, FL 32119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BLANTON, JOHN 308 BRIDAL-PATH LANE ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KIRBY, RICHARD 515 BIG TREE ROAD SOUTH DAYTONA, FL 32119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HOPE, SUSAN 828 HAMLIN DRIVE SOUTH DAYTONA, FL 32119	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MCINTYRE, PAULETTE 2926 CARRIAGE DRIVE SOUTH DAYTONA, FL 32119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CANETTI, PATRICIA 6 CANDLE COURT SOUTH DAYTONA, FL 32119	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WARD, ERICA 810 FLAMINGO DRIVE HOLLY HILL, FL 32117	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 all other like empowered.					
SIGNATURE: <u></u> <u>ALAN CANETTI</u>		<u>8/18/08</u> <u>386-316-5662</u>		Date Daytime Phone #	