

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006848

FILED
Apr 02, 2009
Secretary of State

Entity Name: TAVARES BABE RUTH BOOSTER CLUB, INC

Current Principal Place of Business:

13128 KANSAS AVE
ASTATULA, FL 34705

New Principal Place of Business:

33829 GRANT AVENUE
LEESBURG, FL 34788

Current Mailing Address:

PO BOX 385
TAVARES, FL 32778

New Mailing Address:

FEI Number: 26-1176175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANSON, JOANNE
30342 HUNSTAUNTON DRIVE
MT. PLYMOUTH, FL 32776 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: HANSON, JOANNE
Address: 30342 HUNSTAUNTON DRIVE
City-St-Zip: MT. PLYMOUTH, FL 32776

Title: VP () Delete
Name: HUNT, CARMEN
Address: POST OFFICE BOX 385
City-St-Zip: TAVARES, FL 32776

Title: S () Delete
Name: HAVENS, JOANNE
Address: POST OFFICE BOX 385
City-St-Zip: TAVARES, FL 32778

Title: T () Delete
Name: COOPER, GLORIA
Address: 13128 KANASA AVENUE
City-St-Zip: ASTATULA, FL 34705

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: T (X) Change () Addition
Name: DAVIS, GINA D
Address: 33829 GRANT AVENUE
City-St-Zip: LEESBURG, FL 34788

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: GINA D. DAVIS

TRES

04/02/2009

Electronic Signature of Signing Officer or Director

Date