

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 16, 2009**  
**Secretary of State**

DOCUMENT# N08000008608

**Entity Name:** PATRIOT BASEBALL BOOSTER CLUB, INC**Current Principal Place of Business:**4065 NORRIS RD  
PACE, FL 32571**New Principal Place of Business:****Current Mailing Address:**PO BOX 2125  
PACE, FL 32571**New Mailing Address:****FEI Number:** 59-3558273**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**COLLINSWORTH, EDDIE  
3950 OMEGA ST  
PACE, FL 32571 US**Name and Address of New Registered Agent:**WAY, PAULA J  
4704 FRONTIER RD  
PACE, FL 32571 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: PAULA J WAY

06/16/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BROWN, TAMMY  
Address: 4065 NORRIS RD  
City-St-Zip: PACE, FL 32571

Title: V ( ) Delete  
Name: DEBBIE, HEMPHILL  
Address: 4065 NORRIS RD  
City-St-Zip: PACE, FL 32571

Title: T ( ) Delete  
Name: EDDIE, COLLINSWORTH  
Address: 4065 NORRIS RD  
City-St-Zip: PACE, FL 32571

Title: S ( ) Delete  
Name: STEPHANIE, ALEXANDER  
Address: 4065 NORRIS RD  
City-St-Zip: PACE, FL 32571

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: TYLER, JOE  
Address: 4065 NORRIS RD  
City-St-Zip: PACE, FL 32571

Title: V (X) Change ( ) Addition  
Name: BEAL, WANDA  
Address: 4065 NORRIS RD  
City-St-Zip: PACE, FL 32571

Title: T (X) Change ( ) Addition  
Name: WAY, PAULA J  
Address: 4065 NORRIS RD  
City-St-Zip: PACE, FL 32571

Title: S (X) Change ( ) Addition  
Name: FIASCO, LUCRETIA H  
Address: 4065 NORRIS RD  
City-St-Zip: PACE, FL 32571

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: PAULA J WAY

T

06/16/2009

Electronic Signature of Signing Officer or Director

Date