

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18867 (4)

1. Corporation Name

MARTIN COUNTY BASEBALL BOOSTERS, INC.



Principal Place of Business

P O BOX 496
STUART FL 34996

Mailing Address

P O BOX 496
STUART FL 34996

3. Date Incorporated or Qualified
01/22/1987

3a. Date of Last Report
02/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

22

27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23

28

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24

25

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GORDON PROTOR
33 FLAGLER AVE
STUART FL 34994

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE DP ☒ DELETE
NAME FRANZ UHL
STREET ADDRESS 22 E. OSEOLA AVE.
CITY-ST-ZIP STUART FL 34994

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME Denise Atkinson
1.3 STREET ADDRESS 3369 SW 75th Ave.
1.4 CITY-ST-ZIP Palm City, FL. 34990

TITLE VD ☒ DELETE
NAME BROWNIE JILL
STREET ADDRESS 2876 NE TIMBERLANE CIRCLE
CITY-ST-ZIP JENSEN BCH., FL 34957

2.1 TITLE Vn ☒ Change ☐ Addition
2.2 NAME Brad Sellick
2.3 STREET ADDRESS 661 SW Woodside Ct
2.4 CITY-ST-ZIP Palm City, FL. 34990

TITLE TD ☒ DELETE
NAME GORDON PORCTOR
STREET ADDRESS 33 FLAFLER AVE.
CITY-ST-ZIP STUART FL 34994

3.1 TITLE TD ☒ Change ☐ Addition
3.2 NAME Kathy Marklinger
3.3 STREET ADDRESS 2418 SE Federal Hwy.
3.4 CITY-ST-ZIP Stuart, FL. 34994

TITLE SD ☒ DELETE
NAME DORIS SACCARECCIA
STREET ADDRESS 76 W. CABANA PT CIRCLE
CITY-ST-ZIP STUART FL 34994

4.1 TITLE SD ☒ Change ☐ Addition
4.2 NAME Lynn Matthews
4.3 STREET ADDRESS 1653 SW 34th St.
4.4 CITY-ST-ZIP Palm City, FL. 34990

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Denise Atkinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Denise Atkinson, Pres.

4/19/96

407-221-7575

Date

Daytime Phone

CR2E037 (12/95)