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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N18867**

1. Corporation Name

**MARTIN COUNTY BASEBALL BOOSTERS, INC.**

Principal Place of Business

P O BOX 495  
STUART FL 34995

Mailing Address

P O BOX 495  
STUART FL 34995



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/22/1987

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

GORDON PROTOR  
33 FLAGLER AVE  
STUART FL 34994

10. Name and Address of New Registered Agent

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

TITLE DP ☒ DELETE  
NAME EVANS, DOUG  
STREET ADDRESS 2055 SW DANFORTH CIRCLE  
CITY-ST-ZIP PALM CITY FL

TITLE VD ☐ DELETE  
NAME MOLINE, BARBI  
STREET ADDRESS 939 CENTRAL PKWY  
CITY-ST-ZIP STUART FL

TITLE TD ☒ DELETE  
NAME ANDERSEN, DIANE  
STREET ADDRESS 6504 SW 52ND TERRACE  
CITY-ST-ZIP PALM CITY FL

TITLE SD ☐ DELETE  
NAME JOHANSEN, HOLLY  
STREET ADDRESS 3119 NE HICKORY RIDGE DR  
CITY-ST-ZIP JENSEN BCH FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition  
1.2 NAME ANDERSEN, DIANE  
1.3 STREET ADDRESS 6504 SW 52nd TERRACE  
1.4 CITY-ST-ZIP PALM CITY, FL 34990

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE TD ☒ Change ☐ Addition  
3.2 NAME KELLY, DENISE  
3.3 STREET ADDRESS 2107 SW OAKWATER  
3.4 CITY-ST-ZIP PALM CITY, FL 34990

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

*Holly Johansen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99  
Date

561-221-4255  
Daytime Phone #

CR2E037 (11/98)