FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N26970

(6)

1. Corporate	on Name	` '			
BASEE	BALL CITY BOOSTER CLUB	3, INC.			
Principal Plac	e of Business	Mailing Address			
C/O MARCIA DEMPERIO C/O MARCIA DEMPERIO)		
14 SEMINOLE CT. WINTER HAVEN FL 33881 14 SEMINOLE CT. WINTER HAVEN FL 33881		•			
US NAV	FN FL 33001	Winter Haven FL 3388 US	J1	3. Date Incorporated or Qualified 3.	a. Date of Last Report
				06/06/1988	02/20/1995
2. Principal F	Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For
21		26		59-2890865	Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Required
City & Star	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation has liability for intangilation Florida Statutes	ble tax under s. 199.032, s □ No
Name and Address of Current Registered Agent				10. Name and Address of New Registe	ered Agent
5411161	6 A4 PW		81 Name		
BALUCH, ALEX			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
180 GREENFIELD ROAD WINTER HAVEN FL 33884			00		
WHITEN	HAVEN FL 33004		83		
			84 City	1111	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.050)2 and 617.1508, Florida Statute	s, the above-named corpo	ration submits this statement for the purpose or ard of directors. I hereby accept the appointment	of changing its registered office
familiar w	ith, and accept the obligations of, Sec	ction 617.0503, Florida Statutes.	d by the corporation's boa	ard of directors. I hereby accept the appointment	nt as registered agent. I am
SIGNATURE	Signature, typed of printed game of registered ago	ch		2	11/96
12.			E: Registered Agent signature require		<i>* / *</i>
TITLE	PD OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
NAME	DUBAY, JAMES E.	Clottert			Change Addition
STREET ADDRESS	257 MENLO PARK AVE		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	DAVENPORT FL		14 CITY-ST-ZIP		
TITLE	VD	DELETE	21 TITLE		Change Addition
NAME	BALUCH, ALEX	-	22 NAME		
STREET ADDRESS	180 GREENFIELD RD.		2 3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		2. 4 CITY-ST-ZIP		
TITLE	TD	[]DELFTE	3.1 TITLE		Change Addition
NAME	LEE, JOE		3 2 NAME		
STREET ADDRESS	233 MENLO PARK AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	DAVENPORT FL	· · · · · · · · · · · · · · · · · · ·	3.4. CITY-ST-ZIP		
TITLE	SD	DELETE	4.1 TITLE		Change Addition
NAME	DEMPERIO, MARCIA		4 2 NAME		
STREET ADDRESS	14 SEMINOLE CT.		43 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL	Figure ere	4.4 CITY-ST-ZIP		
TITLE		DEFELE	5.1 TITLE		Change Addition
NAME STUGGLADORES			5 2 NAME		
STREET ADORESS			5 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		Floriere	5.4 CITY - ST - ZIP		
NAME		DELETE	6 1 TITLE		Change Addition
13/07IL	i		6.2 NAME		

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.

6 3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Devime Phone P

FILED

Secretary of State

Feb 09 1996 8:00 am