

FILE NOW: FILING FEE IS \$61.25

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Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26970 (6)
1. Corporation Name
BASEBALL CITY BOOSTER CLUB, INC.



Principal Place of Business C/O MARCIA DEMPERIO 14 SEMINOLE CT. WINTER HAVEN FL 33881 US	Mailing Address C/O MARCIA DEMPERIO 14 SEMINOLE CT. WINTER HAVEN FL 33881 US
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3. Date Incorporated or Qualified 06/06/1988	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
4. FEI Number 59-2890865	Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BALUCH, MARY
180 GREENFIELD ROAD
WINTER HAVEN FL 33884**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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]*
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 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUBAY, JAMES E.	1.2 NAME	Ron Gunn
STREET ADDRESS	257 MENLO PARK AVE	1.3 STREET ADDRESS	8 Silvercrest Dr.
CITY-ST-ZIP	DAVENPORT FL	1.4 CITY-ST-ZIP	Haines City, FL 33844
TITLE	VP. <input type="checkbox"/> DELETE	2.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALUCH, MARY	2.2 NAME	Baluch, Mary
STREET ADDRESS	180 GREENFIELD RD.	2.3 STREET ADDRESS	180 Greenfield Rd.
CITY-ST-ZIP	WINTER HAVEN FL 33884-1306	2.4 CITY-ST-ZIP	Winter Haven, FL 33884-1306
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, JOE	3.2 NAME	Helen Liarakos
STREET ADDRESS	233 MENLO PARK AVE	3.3 STREET ADDRESS	535 Ranger Park Ct.
CITY-ST-ZIP	DAVENPORT FL 33837	3.4 CITY-ST-ZIP	Davenport, FL 33837
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMPERIO, MARCIA	4.2 NAME	Demperio, Marcia
STREET ADDRESS	14 SEMINOLE CT.	4.3 STREET ADDRESS	14 Seminole Ct.
CITY-ST-ZIP	WINTER HAVEN FL 33881	4.4 CITY-ST-ZIP	Winter Haven, FL 33881
TITLE	D <input checked="" type="checkbox"/> DELETE <input type="checkbox"/> OK - m	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRITCHARD, EARL	5.2 NAME	Sam Lamendola
STREET ADDRESS	P O BOX 158 N/A	5.3 STREET ADDRESS	156 Kola Park Drive
CITY-ST-ZIP	DUNDEE FL 33838	5.4 CITY-ST-ZIP	Davenport, FL 33837
TITLE	P <input checked="" type="checkbox"/> DELETE <input type="checkbox"/> white	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELDRIDGE, DAVID	6.2 NAME	Rex Miller
STREET ADDRESS	1701 COMMERCE AVE. 102	6.3 STREET ADDRESS	1701 Commerce Ave. Lot 46
CITY-ST-ZIP	HAINES CITY FL 33844	6.4 CITY-ST-ZIP	Haines City, FL 33844

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.

SIGNATURE: *Marcia B. Demperio* April 14, 1998 941-299-8160

CR2E037 (10/97)