


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 20, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N26970					
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		
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		3. Date Incorporated or Qualified 06/06/1988 4. FEI Number 59-2890865 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	
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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUNN, RON		1.2 NAME		
STREET ADDRESS	8 SILVERCREST DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY FL 33844		1.4 CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BALUCH, MARY		2.2 NAME		
STREET ADDRESS	180 GREENFIELD RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33884		2.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIARAKOS, HELEN		3.2 NAME		
STREET ADDRESS	535 RANGER PARK CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	DAVENPORT FL 33837		3.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEMPERIO, MARCIA		4.2 NAME		
STREET ADDRESS	14 SEMINOLE CT.		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33881		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAMENDOLA, SAM		5.2 NAME		
STREET ADDRESS	156 EOLA PARK DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	DAVENPORT FL 33837		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, REX		6.2 NAME		
STREET ADDRESS	1701 COMMERCE AVE LOT 96		6.3 STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY FL 33844		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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary K Baluch 2-4-99 941-326-9290
Date Daytime Phone #

CR2E037 (1/198)