


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90064 012 ****61.25

DOCUMENT # N92000000360					
1. Entity Name TATE BASEBALL BOOSTERS, INC.					
Principal Place of Business 1717 TATE ROAD GONZALEZ, FL 32560			Mailing Address P.O. BOX 311 GONZALES, FL 32560 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip -	Country	Zip	Country	4. FEI Number 59-3154615	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PATRICK, BILL 2003 STALLION RD. CANTONMENT, FL 32533			Name <u>Keith Swilley</u> Street Address (P.O. Box Number is Not Acceptable) <u>1290 Andrea Lane</u> City <u>Cantonment</u> FL Zip Code <u>32533</u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Kurt Swilley, President</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>2-13-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PS NAME PATRICK, BILL STREET ADDRESS 2003 STALLION RD. CITY-ST-ZIP CANTONMENT, FL 32533	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Keith Swilley STREET ADDRESS 1290 Andrea Lane CITY-ST-ZIP Cantonment FL 32533	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VPD NAME BROWN, TERRY STREET ADDRESS 1350 CONFERENCE RD. CITY-ST-ZIP CANTONMENT, FL 32533	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME Greg Price STREET ADDRESS 1053 Tote Rd CITY-ST-ZIP Cantonment, FL 32533	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME GULSBY, DEBORAH STREET ADDRESS 6709 ANGUS LANE CITY-ST-ZIP MOLINO, FL 32577	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME GOUNDAS, SHEILA STREET ADDRESS 820 CANDY LANE CITY-ST-ZIP CANTONMENT, FL 32533	<input checked="" type="checkbox"/> Delete		TITLE TD NAME Jeannie R. Rennsperg STREET ADDRESS 2202 Cricket Ridge Dr. CITY-ST-ZIP Cantonment FL 32533	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered:					
SIGNATURE: <u>Jeannie R. Rennsperg, Treas</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2/11/06</u> Daytime Phone # <u>850-434-7700</u>		