

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000360

FILED
Apr 17, 2009
Secretary of State

Entity Name: TATE BASEBALL BOOSTERS, INC.

Current Principal Place of Business:

1771 TATE SCHOOL ROAD
CANTONMENT, FL 32533

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 311
GONZALEZ, FL 32560 US

New Mailing Address:

FEI Number: 59-3154615

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOCKMAN, TERRENCE S
1025 HWY 196
MOLINO, FL 32577 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOCKMAN, TERRENCE S
Address: 1025 HWY 196
City-St-Zip: MOLINO, FL 32577

Title: VPD () Delete
Name: WASS, MARK
Address: 8721 REBEL ROAD
City-St-Zip: PENSACOLA, FL 32526

Title: SD () Delete
Name: MULL, MICHELLE
Address: 2177 LIBERTY LOOP
City-St-Zip: CANTONMENT, FL 32533

Title: TD () Delete
Name: JACKSON, DIANE L
Address: 11735 OLD COURSE ROAD
City-St-Zip: CANTONMENT, FL 32533

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: LEE, MICHAEL
Address: 2003 JOSHUA DRIVE
City-St-Zip: CANTONMENT, FL 32533

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: STEVENS, ROSE
Address: 932 UPLAND ROAD
City-St-Zip: CANTONMENT, FL 32533

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSE STEVENS

TD

04/17/2009

Electronic Signature of Signing Officer or Director

Date