FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000000955 (5)

1. Corporation Name
SUWANNEE BASEBALL BOOSTERS, INC.

Principal Place of Business: PO BOX 1358, LIVE OAK FL 32060

Mailing Address: PO BOX 1358, LIVE OAK FL 32060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/15/1993
3a. Date of Last Report: 02/22/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HARRELL, LINDA
310 GAY ST
LIVE OAK FL 32060

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HARRELL, LINDA
STREET ADDRESS	310 GAY ST
CITY ST ZIP	LIVE OAK FL 32060
TITLE	VD
NAME	HARVARD, WYMAN
STREET ADDRESS	618 PINE AVENUE
CITY ST ZIP	LIVE OAK FL 32060
TITLE	STD
NAME	HOWARD, ROSALIND
STREET ADDRESS	ROUTE 1, BOX 450-B
CITY ST ZIP	LIVE OAK FL 32060
TITLE	D
NAME	BONDS, OWEN
STREET ADDRESS	ROUTE 4, BOX 310
CITY ST ZIP	LIVE OAK FL 32060
TITLE	D
NAME	WILLIAMS, JAMES
STREET ADDRESS	ROUTE 4, BOX 255
CITY ST ZIP	LIVE OAK FL 32060
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	FERNALD, DAVE	
1.3 STREET ADDRESS / 1.4 CITY ST ZIP	RT. 8, BOX 11, LIVE OAK, FL 32060	
2.1 TITLE	VD	☒ Change ☐ Addition
2.2 NAME	HARRELL, LINDA	
2.3 STREET ADDRESS / 2.4 CITY ST ZIP	310 GAY ST., LIVE OAK, FL 32060	
3.1 TITLE	SD	☒ Change ☐ Addition
3.2 NAME	CLOWER, GLENDIA	
3.3 STREET ADDRESS / 3.4 CITY ST ZIP	RT. 7, BOX 306, LIVE OAK, FL 32060	
4.1 TITLE	TD	☒ Change ☐ Addition
4.2 NAME	SHERRI M. RAGANS	
4.3 STREET ADDRESS / 4.4 CITY ST ZIP	1211 PEARL AVE., LIVE OAK, FL 32060	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY ST ZIP		

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.

SIGNATURE: Sherri M. Ragans Treasurer — 4-27-95 — 904-362-3433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SHERRI M. RAGANS

0022289