

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified: **02/15/1993**
3a. Date of Last Report: **05/01/1995**

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)

4. FEI Number: **NOT APPLICABLE**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
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
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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	TD
NAME	HARRELL, LINDA	1.2 NAME	HARRELL, LINDA
STREET ADDRESS	310 GAY ST	1.3 STREET ADDRESS	310 GAY ST
CITY-ST-ZIP	LIVE OAK FL	1.4 CITY-ST-ZIP	LIVE OAK, FL.
TITLE	PD	2.1 TITLE	VD
NAME	FERNALD, DAVE	2.2 NAME	LEIBFRIED, KEITH
STREET ADDRESS	RT. 8 BOX 11	2.3 STREET ADDRESS	326 WESTMORELAND ST.
CITY-ST-ZIP	LIVE OAK FL	2.4 CITY-ST-ZIP	LIVE OAK, FL.
TITLE	SD	3.1 TITLE	SD
NAME	CLOWER, GLENDIA	3.2 NAME	GREENE, JUDY
STREET ADDRESS	RT. 7 BOX 306	3.3 STREET ADDRESS	505 NABOR AVE.
CITY-ST-ZIP	LIVE OAK FL	3.4 CITY-ST-ZIP	LIVE OAK, FL.
TITLE	TD	4.1 TITLE	
NAME	RAGANS, SHERRI	4.2 NAME	
STREET ADDRESS	1211 PEARL AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	WILLIAMS, JAMES	5.2 NAME	
STREET ADDRESS	ROUTE 4, BOX 255	5.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL 32060	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Linda Harrell* LINDA HARRELL Date: **4/26/96** (904) 397-8326 Daytime Phone #

CR2E037 (12/95)