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Jun 18 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address

PO BOX 1358  
LIVE OAK FL 32060

PO BOX 1358  
LIVE OAK FL 32060-1358

3. Date Incorporated or Qualified  
02/15/1993

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip 32064

Country

Zip 32064

Country

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRELL, LINDA  
310 GAY ST  
LIVE OAK FL 32060

81 Name

LINDA KIRBY

82 Street Address (P.O. Box Number is Not Acceptable)

P.O. Box 144 310 GAY ST.

83

84 City

LIVE OAK

FL

85 Zip Code 32064

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TD  
NAME HARRELL, LINDA  
STREET ADDRESS 310 GAY ST  
CITY-ST-ZIP LIVE OAK FL

1.1 TITLE  
1.2 NAME LINDA KIRBY  
1.3 STREET ADDRESS P.O. Box 144 310 GAY ST.  
1.4 CITY-ST-ZIP LIVE OAK, FL. 32064

PD  
NAME FERNALD, DAVE  
STREET ADDRESS RT. 8 BOX 11  
CITY-ST-ZIP LIVE OAK FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

SD  
NAME GREENE, JUDY  
STREET ADDRESS 505 NABOR AVE.  
CITY-ST-ZIP LIVE OAK FL

3.1 TITLE  
3.2 NAME LEETA BRANSON  
3.3 STREET ADDRESS 13998 74th STREET  
3.4 CITY-ST-ZIP LIVE OAK, FL. 32060

VD  
NAME LEIBFRIED, KEITH  
STREET ADDRESS 326 WESTMORELAND ST.  
CITY-ST-ZIP LIVE OAK FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

CR2E037 (9/96)