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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000955 (5)**

1. Corporation Name

SUWANNEE BASEBALL BOOSTERS, INC.



Principal Place of Business PO BOX 1358 LIVE OAK FL 32064 US	Mailing Address PO BOX 1358 LIVE OAK FL 32064 US
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3. Date Incorporated or Qualified

02/15/1993

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KIRBY, LINDA
310 GAY ST.
P.O. BOX 1441
LIVE OAK FL 32060**

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 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

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KIRBY, LINDA	
STREET ADDRESS	310 GAY ST	
CITY-ST-ZIP	LIVE OAK FL	

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Frank Allen	
1.3 STREET ADDRESS	7697 CR 249	
1.4 CITY-ST-ZIP	LIVE OAK, FL 32060	

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FERNALD, DAVE	
STREET ADDRESS	RT. 8 BOX 11	
CITY-ST-ZIP	LIVE OAK FL	

2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MORRIS DRIGGERS	
2.3 STREET ADDRESS	9351 CR 132	
2.4 CITY-ST-ZIP	LIVE OAK, FL 32060	

TITLE	S	<input type="checkbox"/> DELETE
NAME	BRONSON, LEETA	
STREET ADDRESS	13998 74TH ST.	
CITY-ST-ZIP	LIVE OAK FL	

3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BRONSON, Leeta	
3.3 STREET ADDRESS	13498 74th St.	
3.4 CITY-ST-ZIP	LIVE OAK, FL 32060	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LEIBFRIED, KEITH	
STREET ADDRESS	326 WESTMORELAND ST.	
CITY-ST-ZIP	LIVE OAK FL	

4.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Robbin Chapman	
4.3 STREET ADDRESS	23109 100th St.	
4.4 CITY-ST-ZIP	LIVE OAK, FL 32060	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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.

SIGNATURE: **Leeta R Bronson** **Leeta R Bronson** **2-9-98** **9013643494**

CR2E037 (10/97)