

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # N93000001608

1. Entity Name
**TED WILLIAMS MUSEUM AND HITTERS HALL OF FAME,
INC.**



Principal Place of Business
**2455 N CITRUS HILLS BLVD
HERNANDO, FL 34442 US**

Mailing Address
**2455 N CITRUS HILLS BLVD
HERNANDO, FL 34442 US**



04102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3176953	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ABEL, ERIC D
2476 N. ESSEX AVE
HERNANDO, FL 34442**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000304351

05/01/08 00005-011 61.25

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	PASTOR, JOHN E
STREET ADDRESS	2476 N. ESSEX AVENUE
CITY-ST-ZIP	HERNANDO, FL 34442

TITLE	PD
NAME	TAMPOSI, STEPHEN A
STREET ADDRESS	2476 N. ESSEX AVENUE
CITY-ST-ZIP	HERNANDO, FL 34442

TITLE	S
NAME	ABEL, ERIC D
STREET ADDRESS	2476 N. ESSEX AVENUE
CITY-ST-ZIP	HERNANDO, FL 34442

TITLE	D
NAME	NASH, GERALD Q
STREET ADDRESS	40 TEMPLE STREET
CITY-ST-ZIP	NASHUA, NH

TITLE	D
NAME	WILLIAMS, CLAUDIA
STREET ADDRESS	872 E. RAY STREET
CITY-ST-ZIP	HERNANDO, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John E. Pastor, TREASURER 4/10/08

352-746-6060

JOHN E. PASTOR