


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90072 022 \*\*\*\*61.25

<b>DOCUMENT # N93000002064</b>	
1. Entity Name <b>THE SARASOTA BASEBALL BOOSTERS, INC.</b>	

Principal Place of Business <b>2411 TEAL AVE. SARASOTA, FL 34232</b>	Mailing Address <b>2411 TEAL AVE. SARASOTA, FL 34232</b>
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**50001255**



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03212008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent	
<b>CANNON, JOHN V III 1390 HARBOR DR. SARASOTA, FL 34239</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	<b>CANNON, JOHN V III</b>
STREET ADDRESS	<b>1390 HARBOR DR.</b>
CITY-ST-ZIP	<b>SARASOTA, FL 34239</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>METCALF, CLYDE</b>
STREET ADDRESS	<b>2411 TEAL AVE.</b>
CITY-ST-ZIP	<b>SARASOTA, FL 34232</b>
TITLE	ST <input checked="" type="checkbox"/> Delete
NAME	<b>ERICKSON, BARB</b>
STREET ADDRESS	<b>2411 TEAL AVE.</b>
CITY-ST-ZIP	<b>SARASOTA, FL 34232</b>
TITLE	P <input type="checkbox"/> Delete
NAME	<b>GRAYBILL, MICHELLE</b>
STREET ADDRESS	<b>2411 TEAL AVE.</b>
CITY-ST-ZIP	<b>SARASOTA, FL 34232</b>
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	<b>LACERTOSA, GERRY</b>
STREET ADDRESS	<b>2411 TEAL AVE</b>
CITY-ST-ZIP	<b>SARASOTA, FL 34232</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BRUCE CUSTONS</b>
STREET ADDRESS	<b>2411 Teal Ave</b>
CITY-ST-ZIP	<b>Sarasota, FL 34232</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOYITA BERKEY</b>
STREET ADDRESS	<b>2411 Teal Ave</b>
CITY-ST-ZIP	<b>Sarasota, FL 34232</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** Bruce Custons **3/21/08** **941 587-4444**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #