

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 # N94000000916 (6)

1. Corporation Name
BASEBALL BOOSTER CLUB, INC.



Principal Place of Business
**6529 COUNTRY WOOD WAY
DELRAY BEACH FL 33484**

Mailing Address
**6529 COUNTRY WOOD WAY
DELRAY BEACH FL 33484**

3. Date Incorporated or Qualified **02/22/1994** 3a. Date of Last Report **01/30/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0471586		Applied For <input type="checkbox"/> Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23	Zip	28	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24	Country	29	Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
HICKOK, KATHY 6529 COUNTRY WOOD WAY DELRAY BEACH FL 33484				81	Name ROBERT P. MILLER			
				82	Street Address (P.O. Box Number is Not Acceptable) 46 BOB MILLER STATE FARM			
				83	526 S.E. 5th AVENUE			
				84	City DELRAY BEACH	FL	85	Zip Code 33483

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: Robert P. Miller
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRADFORD, DEB	1.2 NAME	R. MARK STOWE
STREET ADDRESS	4437 FRANCES DRIVE	1.3 STREET ADDRESS	30 NORTHWEST ELEVENTH ST.
CITY-ST-ZIP	DELRAY BEACH FL 33445	1.4 CITY-ST-ZIP	DELRAY BEACH, FLORIDA 33444
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARCE, TOM	2.2 NAME	
STREET ADDRESS	1202 N. SWINTON AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33444	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LIN	3.2 NAME	
STREET ADDRESS	680 AUDUBON DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33444	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HICKOK, KATHY	4.2 NAME	VICKY MORGAN
STREET ADDRESS	6529 COUNTRY WOOD WAY	4.3 STREET ADDRESS	510 GARDENIA TERRACE
CITY-ST-ZIP	DELRAY BEACH FL 33484	4.4 CITY-ST-ZIP	DELRAY BEACH, FLORIDA 33444
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: R. Mark Stowe 4-29-96 407-272-8548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
R. MARK STOWE, PRESIDENT

CR2E037 (12/95)