
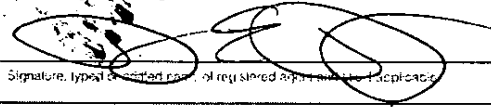


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 02, 2008 8:00 am**  
**Secretary of State**

06-02-2008 90002 007 \*\*\*\*61.25

<b>DOCUMENT # N95000006004</b> 1. Entity Name <b>SNAPPERS BASEBALL CLUB, INC.</b>			
Principal Place of Business <b>4933 FRUITVILLE ROAD SARASOTA FL 34232</b>		Mailing Address <b>P.O. BOX 25543 SARASOTA FL 34277</b>	
2. Principal Place of Business - No P.O. Box # <b>1420 28th Ave N</b>		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>St. Petersburg FL</b>		City & State Suite, Apt. #, etc.	
Zip <b>33704</b>		Country	
4. FEI Number <b>65-0607749</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BODZIAK, RALPH E 4933 FRUITVILLE ROAD SARASOTA FL 34232</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1420 28th Ave N.</b> City <b>St. Petersburg</b> <b>FL</b> Zip Code <b>33704</b>	
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 reappointing) DATE			
<b>FILE NOW: 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>			
10. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D GAROFALO, LOU	4730 ELFRIDA AVE.	SARASOTA FL 32605
	D EGAN, GENE	4175 EASTWOOD DR.	SARASOTA FL 34232
	D MARKEY, JEFF	1600 BARBER RD.	SARASOTA FL 34232
	ST KOZLOWSKI, RONALD D	1217 NW 39TH DRIVE	GAINESVILLE FL 32605
	P BODZIAK, RALPH E	4933 FRUITVILLE ROAD	SARASOTA FL 34232
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **4/28/08 941-809-8161**