

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

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000004128 1. Entity Name SARASOTA BASEBALL CLASSIC, INC.																																																																																																					
Principal Place of Business 5840 PALMER BLVD SARASOTA FL 34232			Mailing Address 5840 PALMER BLVD SARASOTA FL 34232																																																																																																		
2. Principal Place of Business - No P.O. Box # 			3. Mailing Address 																																																																																																		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 																																																																																																		
City & State 			City & State 																																																																																																		
Zip 		Country 		4. FEI Number 65-0688540																																																																																																	
5. Certificate of Status Desired ☐				Applied For Not Applicable																																																																																																	
6. Name and Address of Current Registered Agent BONNETT, LYNN R 5840 PALMER BLVD SARASOTA FL 34232				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 _____ DATE _____ Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature is required when registering)																																																																																																					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees																																																																																																	
Make Check Payable to Florida Department of State																																																																																																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>BONNETT, LYNN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5840 PALMER BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA FL 34232</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>METCALF, CLYDE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1000 S SCHOOL AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA FL 34236</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>AHLES, BRIAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1565 NORTHGATE BLVD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA FL 34234</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> ☐ Change ☐ Addition </td> <td style="width: 20%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	PD	☐ Delete	NAME	BONNETT, LYNN		STREET ADDRESS	5840 PALMER BLVD		CITY-ST-ZIP	SARASOTA FL 34232		TITLE	VD	☐ Delete	NAME	METCALF, CLYDE		STREET ADDRESS	1000 S SCHOOL AVE		CITY-ST-ZIP	SARASOTA FL 34236		TITLE	D	☐ Delete	NAME	AHLES, BRIAN		STREET ADDRESS	1565 NORTHGATE BLVD.		CITY-ST-ZIP	SARASOTA FL 34234		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	☐ Change ☐ Addition		NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 *Lynn R Bonnett* **LYNN R BONNETT** 1/22/08 941 371-2801