


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90081 026 ****61.25

DOCUMENT # N98000000992					
1. Entity Name ST. AUGUSTINE HIGH SCHOOL BASEBALL BOOSTERS CLUB, INC.					
Principal Place of Business 3205 VARELLA AVE ST AUGUSTINE, FL 32095			Mailing Address PO BOX 4574 ST AUGUSTINE, FL 32085		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent BOLES, JOSEPH L JR. 19 RIBERIA STREET ST AUGUSTINE, FL 32084				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering))</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to: Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICKLER, LINDA		NAME	BEACH, MARILYN S.	
STREET ADDRESS	2340 DEERWOOD ACRES DR		STREET ADDRESS	5 HOPE STREET	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084		CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACETTI, KELLIE		NAME	WUELLNER, KIM	
STREET ADDRESS	2820 PLEASURE LANE		STREET ADDRESS	360 NORTH BLVD.	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084		CITY-ST-ZIP	ST. AUGUSTINE, FL 32095	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDGINS, LARRY		NAME	HAMILTON, JON D.	
STREET ADDRESS	1217 AIA SOUTH		STREET ADDRESS	20 MENENDEZ ROAD	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080		CITY-ST-ZIP	ST. AUGUSTINE, FL 32080	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REBEL, TAYLOR		NAME	BEACH, JIMMY	
STREET ADDRESS	1665 WOODLAWN RD		STREET ADDRESS	5 HOPE STREET	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084		CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Marilyn S. Beach</i>			Date: 01-19-05		Daytime Phone #: 829-8155
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					