


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90045 006 \*\*\*\*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 - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

01172007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3494415**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**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

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 required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2007**

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**

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | TD                        | <input type="checkbox"/> Delete            |
| NAME           | RAULERSON, KAREN          |  |
| STREET ADDRESS | 3354 RAULERSON RD         |  |
| CITY-ST-ZIP    | SAINT AUGUSTINE, FL 32092 |  |
| TITLE          | SD                        | <input checked="" type="checkbox"/> Delete |
| NAME           | PACETTI, KELLIE           |  |
| STREET ADDRESS | 2820 PLEASURE LN          |  |
| CITY-ST-ZIP    | SAINT AUGUSTINE, FL 32084 |  |
| TITLE          | PD                        | <input checked="" type="checkbox"/> Delete |
| NAME           | HAMILTON, JON D           |  |
| STREET ADDRESS | 20 MENENDEZ ROAD          |  |
| CITY-ST-ZIP    | ST. AUGUSTINE, FL 32080   |  |
| TITLE          | VP                        | <input checked="" type="checkbox"/> Delete |
| NAME           | BEACH, JIMMY              |  |
| STREET ADDRESS | 5 HOPE STREET             |  |
| CITY-ST-ZIP    | SAINT AUGUSTINE, FL 32084 |  |
| TITLE          |                           | <input type="checkbox"/> Delete            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| 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          | S/D                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | FERRELL, SUE            |  |
| STREET ADDRESS | 224 N. WHITNEY ST.      |  |
| CITY-ST-ZIP    | ST. AUGUSTINE, FL 32095 |  |
| TITLE          | P/D                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | MARTIN, MARTY           |  |
| STREET ADDRESS | 239 MONTEREY AVE.       |  |
| CITY-ST-ZIP    | ST. AUGUSTINE, FL 32084 |  |
| TITLE          | VP/D                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | KINLAN, SCOTT           |  |
| STREET ADDRESS | 5205 BIRCHWOOD PL       |  |
| CITY-ST-ZIP    | ST. AUGUSTINE, FL 32092 |  |
| 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    |                         |  |

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:** M. Martin MARTY MARTIN 2/2/07 904 824 5818  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40011111

