

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 30, 2009
Secretary of State**

DOCUMENT# N98000000992

Entity Name: ST. AUGUSTINE HIGH SCHOOL BASEBALL BOOSTERS CLUB, INC.

Current Principal Place of Business:

3205 VARELLA AVE
ST AUGUSTINE, FL 32095

New Principal Place of Business:

Current Mailing Address:

PO BOX 4574
ST AUGUSTINE, FL 32085

New Mailing Address:

FEI Number: 59-3494415 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLES, JOSEPH L JR.
19 RIBERIA STREET
ST AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: RAULERSON, KAREN
Address: 3354 RAULERSON RD
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: SD () Delete
Name: FERRELL, SUE
Address: 224 N. WHITNEY ST
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: PD () Delete
Name: MARTIN, MARY
Address: 237 MONTEREY AVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VPD () Delete
Name: KINLAW, SCOTT
Address: 5205 BIRCHWOOD PL
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUE FERRELL

SD

03/30/2009

Electronic Signature of Signing Officer or Director

Date