

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000992

FILED  
Feb 14, 2011  
Secretary of State

**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: PD  
Name: BARAN, PAUL  
Address: 1126 SAN JOSE FORREST DR.  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VPD  
Name: KIRBY, DAWN  
Address: 5295 PORTER RD EXT  
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: TD  
Name: PELLICER, KIM  
Address: 3 GARCIA AVE.  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: ST  
Name: O'NEIL-WISEMAN, LETHA  
Address: 902 OXFORD DR.  
City-St-Zip: SAINT AUGUSTINE, FL 32084

I hereby 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 all other like empowered.

SIGNATURE: KIM PELLICER

TD

02/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date