


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90053 041 ****61.25

DOCUMENT # N98000005656					
1. Entity Name EAST LAKE HIGH SCHOOL BASEBALL BOOSTERS, INC.					
Principal Place of Business 1857 SPUR LANE PALM HARBOR, FL 34685			Mailing Address 1857 SPUR LANE PALM HARBOR, FL 34685		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02102006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PAPA, GARY 1857 SPUR LANE PALM HARBOR, FL 34685				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$81.25 Due by May 1, 2006		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	DP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAPA, GARY		NAME		
STREET ADDRESS	1857 SPUR LANE		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34685		CITY-ST-ZIP		
TITLE	DV <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AYRAL, DENNIS		NAME		
STREET ADDRESS	310 ERIC CT.		STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP		
TITLE	DT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRACIE, STEVE		NAME	<i>Ronda Gracie</i>	
STREET ADDRESS	1387 EASTLAKE WOODLANDS PKY.		STREET ADDRESS	<i>1387 East Lake Woodlands Pkwy</i>	
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP	<i>OLDSMAR, FL 34677</i>	
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		
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 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: <i>[Signature]</i>			Date: <i>2-14-06</i>		Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					