

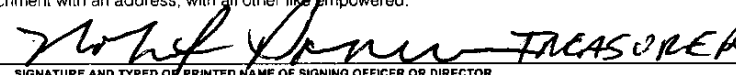


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90028 021 ****61.25

DOCUMENT # N98000005656					
1. Entity Name EAST LAKE HIGH SCHOOL BASEBALL BOOSTERS, INC.					
Principal Place of Business 1300 SILVER EAGLE DR. TARPON SPRINGS, FL 34688			Mailing Address 1300 SILVER EAGLE DR. TARPON SPRINGS, FL 34688		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number -59-3554212	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 ROBERT POSAVEC		
			Street Address (P.O. Box Number is Not Acceptable) 4731 WRENTHAM PL.		
			City PALM HARBOR FL Zip Code 34685		
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  TREASURER 4/15/08					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		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 checked="" type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAPA, GARY		NAME	PAUL GORDON	
STREET ADDRESS	1857 SPUR LANE		STREET ADDRESS	186 RUE DES CHATEAUX	
CITY-ST-ZIP	PALM HARBOR, FL 34685		CITY-ST-ZIP	TARPON SPRINGS FL 34688	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	DN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SERGG, LORI		NAME	MARIANNE DONNELLY	
STREET ADDRESS	821 SACARA CR.		STREET ADDRESS	3124 FETLOCK CT.	
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP	TARPON SPRINGS FL 34688	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRACIE, RONDA		NAME	ROBERT POSAVEC	
STREET ADDRESS	1387 E LAKE WOODLANDS PKWY		STREET ADDRESS	4721 WRENTHAM PL	
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THURBER, KAREN		NAME	DAWN JOHNSON	
STREET ADDRESS	391 WINGATE CIR		STREET ADDRESS	346 LAFAYETTE BLVD.	
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE		<input type="checkbox"/> Delete	TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	DIANA HANHOLD	
STREET ADDRESS			STREET ADDRESS	3674 JUSTIN DR	
CITY-ST-ZIP			CITY-ST-ZIP	PALM HARBOR FL 34685	
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:  TREASURER 4/15/08 (707) 432-9987					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					