

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 17, 2005 8:00 am
Secretary of State

05-13-2005 90226 019 ****61.25

66023402



1st MOORE CR2E037 (10/04)

DOCUMENT # N03000008255					
1. Entity Name ESCAMBIA HIGH SCHOOL SOFTBALL BOOSTERS, INC.					
Principal Place of Business 1310 N 65TH AVENUE PENSACOLA FL 32506		Mailing Address 1310 N 65TH AVENUE PENSACOLA FL 32506			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number AP-PLIED FOR	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DAVIS, MIKE 1310 N 65TH AVENUE PENSACOLA FL 32506			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, MIKE		NAME		
STREET ADDRESS	1310 N 65TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32506		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRIFFITH, ROBERT K		NAME		
STREET ADDRESS	1313 SERATINE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32506		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BIGGS, TEDDRA R		NAME		
STREET ADDRESS	1307 N 48TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32506		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DOUGLAS, STEPHEN G III		NAME	President	
STREET ADDRESS	34 REDWOOD CIRCLE		STREET ADDRESS	Robert R. Pilgrim Jr	
CITY-ST-ZIP	PENSACOLA FL 32506		CITY-ST-ZIP	1961 Fox Quarry Circle	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	
NAME	HANSEN, DALLAS R		NAME	Tammy R. Thompson	
STREET ADDRESS	3069 FLINTLOCK DR		STREET ADDRESS	931 N. 54th Ave	
CITY-ST-ZIP	PENSACOLA FL 32526		CITY-ST-ZIP	Pensacola, FL 32506	
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 exemption stated in Section 119.07(3)(i), 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>Teddra R. Biggs</i>		SIGNATURE: <i>Teddra R. Biggs</i>		Date: <i>5-7-05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

ATTACHMENT

X



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
HOLTSVILLE NY 00501-0023

DATE OF THIS NOTICE: 11-12-2003
NUMBER OF THIS NOTICE: CP 575 F
EMPLOYER IDENTIFICATION NUMBER: 51-0487647
FORM: SS-4 NOBOD 0000002340

66023201
#1008000008255

FOR ASSISTANCE CALL US AT:
1-800-829-0115

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

ESCAMBIA HIGH SCHOOL SOFTBALL
% TEDDRA R BIGGS
1310 N 65TH AVE
PENSACOLA FL 32506

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 51-0487647. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

Please use the label IRS provided when filing tax documents. If that isn't possible, use your EIN and complete name and address shown below to identify your account and to avoid delays in processing.

ESCAMBIA HIGH SCHOOL SOFTBALL
BOOSTERS INC
% TEDDRA R BIGGS
1310 N 65TH AVE
PENSACOLA FL 32506

If this information isn't correct, please correct it using page 2 of this notice. Return it to the address shown so we can correct your account.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.