

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 03, 2009
Secretary of State**

DOCUMENT# N03000008255

Entity Name: ESCAMBIA HIGH SCHOOL SOFTBALL BOOSTERS, INC.

Current Principal Place of Business:

1310 N 65TH AVENUE
PENSACOLA, FL 32506

New Principal Place of Business:

Current Mailing Address:

1310 N 65TH AVENUE
PENSACOLA, FL 32506

New Mailing Address:

FEI Number: 51-0487647 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, MIKE
1310 N 65TH AVENUE
PENSACOLA, FL 32506 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: D () Delete
Name: DAVIS, MIKE
Address: 1310 N 65TH AVENUE
City-St-Zip: PENSACOLA, FL 32506

Title: P () Delete
Name: LINTON, TONY
Address: 9580 REBEL RD
City-St-Zip: PENSACOLA, FL 32526

Title: VP () Delete
Name: PETERS, DOUGLAS
Address: 400 WEST LAKE DRIVE
City-St-Zip: PENSACOLA, FL 32506

Title: VP () Delete
Name: RUSCHEL, JOHN D
Address: 520 LONG LAKE DRIVE
City-St-Zip: PENSACOLA, FL 32506

Title: S () Delete
Name: LINTON, GINGER
Address: 9580 REBEL ROAD
City-St-Zip: PENSACOLA, FL 32526

Title: T () Delete
Name: RUSCHEL, VICKI L
Address: 520 LONG LAKE DRIVE
City-St-Zip: PENSACOLA, FL 32506

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: PETERS, DOUGLAS
Address: NORTH 59TH AVE
City-St-Zip: PENSACOLA, FL 32506

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: VICKI L. RUSCHEL

T

03/03/2009

Electronic Signature of Signing Officer or Director

Date