

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000005486

1. Entity Name
ESCAMBIA HIGH SPORTS BOOSTERS' CLUB, INC.



Principal Place of Business
1310 N 65TH AVE
PENSACOLA, FL 32506

Mailing Address
14422 RIVER RD
PENSACOLA, FL 32507



02082004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3354700
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MORRIS, VENETIA
14422 RIVER RD
PENSACOLA, FL 32507

DO NOT WRITE
IN THIS SPACE

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

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, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GRAY, DOREEN
STREET ADDRESS 2088 CORAL CREEK DRIVE
CITY-ST-ZIP PENSACOLA, FL 32506

TITLE VD
NAME SMITH, ADRENNIA
STREET ADDRESS 7820 MONTEGO DR
CITY-ST-ZIP PENSACOLA, FL 32506

TITLE TD
NAME MORRIS, VENETIA
STREET ADDRESS 14422 RIVER ROAD
CITY-ST-ZIP PENSACOLA, FL 32507

TITLE SD
NAME CARTET, DIANE
STREET ADDRESS 1316 EL DORADO DR
CITY-ST-ZIP PENSACOLA, FL 32506

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000059565
02/23/04-80004-019 61.25

DO NOT WRITE
IN THIS SPACE

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: Venetia Morris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-04

Date

850-492-2130

Daytime Phone #