

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90091 048 ****61.25

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**

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

04132007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3354700

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MORRIS, VENETIA
14422 RIVER RD
PENSACOLA, FL 32507**

7. Name and Address of New Registered Agent

Name **Kemp, Mark**
Street Address (P.O. Box Number is Not Acceptable)
311 N. Spring Street
City **Pensacola** **FL** Zip Code **32501**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	OUTTEN, DEBBIE	
STREET ADDRESS	4814 STATE ST	
CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CALLAWAY, MILLISSA	
STREET ADDRESS	5311 YELLOW BLUFF RD	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, VENETIA	
STREET ADDRESS	14422 RIVER ROAD	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	S	<input type="checkbox"/> Delete
NAME	CARSTENS, RITA	
STREET ADDRESS	12690 BAHIA CT	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kemp, Mark	
STREET ADDRESS	1504 Navaho Ct	
CITY-ST-ZIP	Pensacola, FL 32507	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mark E. Kemp **4/13/07** **(850) 438-4679**