## 2003 NOT-FOR-PROFIT CORPORATION **FILED** UNIFORM BUSINESS REPORT (UBR) Mar 19, 2003 8:00 am Secretary of State DOCUMENT # N9500005486 1. Entity Name 03-19-2003 90170 038 \*\*\*\*61.25 ESCAMBIA HIGH SPORTS BOOSTERS' CLUB, INC. Principal Place of Business Mailing Address 904 BROKEN ARROW LANE 904 BROKEN ARROW LANE CANTONMENT FL 32533 CANTONMENT FL 32533 2. Principal Place of Business 3. Mailing Address 1310 N. 65th Ave. <u>14422 River</u> Rd. Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3354700 Pensacola Applied For Florida Pensacola, Florida Not Applicable Country Zip Country 32506 -5. Certificate of Status Desired ా≕ ■ 🗝 🙎 \$8.7,5 Additional 🗵 Escambia 3 2 S 0 7 Escambia 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Venetia Morris</u> JONES, WILLIAM S Street Address (P.O. Box Number is Not Acceptable) 904 BROKEN ARROW LANE

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

CANTONMENT FL 32533

Venetia Y. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Pensacola

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TD TITLE **Delete** TITLE VICE PRESIDENT NAME JONES, WILLIAM S NAME STREET ADDRESS 904 BROKEN ARROW LANE STREET ADDRESS CITY-ST-ZIP **CANTONMENT FL 32533** CITY-ST-7IB PD TITLE ☐ Delete TITLE GRAY, DOREEN ☐ Change NAME ☐ Addition NAME STREET ADDRESS 2088 CORAL CREEK DRIVE STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32506 --- -CITY-ST-ZIP TITLE Delete V/D TITLE ☐ Change Addition NAME CARNES, JAMES NAME Adrenna Smith STREET ADDRESS 5403 KEE MEMORIAL DRIVE 7820 Montego Dr. STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32507 CITY-ST-ZIP Pensawa, FL 32506 TITLE ☐ Delete TITLE T/D MORRIS, TIA **Change** NAME ☐ Addition NAME Venetla Morris STREET ADDRESS 14422 RIVER ROAD STREET ADDRESS 14422 River Rd. CITY-ST-ZIP PENSACOLA FL 32507 CITY-ST-ZIP Pensawla, FL 32507 TITLE VICE PRES. Delete TITLE ☐ Change NAME BRUCE WILLIAMS Addition NAME Diane Carter STREET ADDRESS 612 GARDBOVIEW CT. STREET ADDRESS 1316 El Dorado Dr. CITY-ST-71F PENSALDLA. FL 32506 CITY-ST-ZIP Pensacola FL 32506 TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition 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

SIGNATURE:

MOCCES ASSETTION OF THE PROPERTY MOCCES