

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90507 024 ****61.25

DOCUMENT # 730960

1. Entity Name

GULF HIGH ATHLETIC BOOSTERS CLUB, INC.



Principal Place of Business

5355 SCHOOL RD.
NEW PORT RICHEY, FL 34652

Mailing Address

5355 SCHOOL RD.
NEW PORT RICHEY, FL 34652

54040077



01132004 No Chg-NP

CR2E037 (10/03)

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4. FEI Number

59-2933115

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FACEMIRE, MARGARET L
5828 TENNESSEE AVE
NEW PORT RICHEY, FL 34652

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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	MENDONCA, MARY A
STREET ADDRESS	5609 WESTSHORE DRIVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	TD
NAME	FACEMIRE, MARGARET L
STREET ADDRESS	5828 TENNESSEE AVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	VPD
NAME	MARINAKIS, CARRIE
STREET ADDRESS	3820 FLORAMAR TERRACE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/04

Date

727-773-3600

Daytime Phone #