

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

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**



01062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2933115

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FACEMIRE, MARGARET L
6031 LAFAYETTE STREET
NEW PORT RICHEY, FL 34652**

**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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STRICKLAND, LARRY
STREET ADDRESS	6892 HILLS DRIVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	TD
NAME	FACEMIRE, MARGARET L
STREET ADDRESS	6031 LAFAYETTE STREET
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	VPD
NAME	PALASKY, KATHY
STREET ADDRESS	4532 TIDAL POND ROADQ
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	SD
NAME	MATTHEWSON, CARRIE
STREET ADDRESS	6948 COLEUS COURT
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/06-80036-022 61.25

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IN THIS SPACE**

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:

Indira S. Salameh Treasurer 4/3/06 727.243.9194

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #