

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90086 027 ****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



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

03122007 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME STRICKLAND, LARRY
STREET ADDRESS 6892 HILLS DRIVE
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 9710 Riverchase Drive
CITY-ST-ZIP New Port Richey FL 34655

TITLE TD ☐ Delete
NAME FACEMIRE, MARGARET L
STREET ADDRESS 6031 LAFAYETTE STREET
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Delete
NAME PALASKY, KATHY
STREET ADDRESS 4532 TIDAL POND ROADQ
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE VPD ☐ Change ☒ Addition
NAME D'Dell, Rollin
STREET ADDRESS 5805 Lenate Avenue
CITY-ST-ZIP New Port Richey FL 34652

TITLE SD ☐ Delete
NAME MATTHEWSON, CARRIE
STREET ADDRESS 6948 COLEUS COURT
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

3/14/07

Date

727.534.8306

Daytime Phone #