FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90503 048 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730960

70045103

1. Entity Name
GULF HIGH ATHLETIC BOOSTERS CLUB, INC.

Principal Place of Business	Mailing Address
5355 SCHOOL RD. NEW PORT RICHEY, FL 34656	P.O.BOX 652 NEW PORT RICHEY, FL 34656-0652

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	5355 School Rd Suite, Apt. #, etc.
City & State	City & State: New Port Richey FL
Zip / Country	Zip: 34652 / Country: USA

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
WADE, SYLVIA L 6017 SHERWOOD DRIVE NEW PORT RICHEY, FL 34662	Name: Margaret L. Facemire Street Address (P.O. Box Number Is Not Acceptable): 5828 Tennessee Ave City: New Port Richey FL Zip Code: 34652

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: Margaret L Facemire 4.15.03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MENDONCA, MARY A 5609 WESTSHORE DRIVE NEW PORT RICHEY, FL 34662	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WADE, SYLVIA L 6017 SHERWOOD DRIVE NEW PORT RICHEY, FL 34662	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MARINAKIS, CARRIE 3820 FLORAMAR TERRACE NEW PORT RICHEY, FL 34662	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Facemire, Margaret L 5828 Tennessee Ave New Port Richey FL 34652	☐ Delete WD		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

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: Margaret L Facemire 4.15.03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #