

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 18, 2004 8:00 am
Secretary of State

06-18-2004 90003 035 ****61.25

DOCUMENT #: N00000000311

1. Entity Name

NAVARRE HIGH SCHOOL SOFTBALL BOOSTERS CLUB,
INC.



Principal Place of Business

8600 HIGH SCHOOL BLVD
NAVARRE FL 32566

Mailing Address

~~8600 HIGH SCHOOL BLVD~~
NAVARRE FL 32566

2. Principal Place of Business

3. Mailing Address

PO BOX 6415

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
NAVARRE FL

Zip

Country

Zip

32566

Country

SANTA ROSA

4. FEI Number

59-3618117

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOUNTAIN, KENNETH R P.A.
885 NAVARRE PARKWAY
NAVARRE FL 32566

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MAUBACH, JOHN	
STREET ADDRESS	2753 PEBBLE BCH DR	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CASSIDY, DANA	
STREET ADDRESS	7418 MANATEE STREET	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	T	<input type="checkbox"/> Delete
NAME	WALLS, ROBIN L	
STREET ADDRESS	2824 JOE PRUITT RD	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robin L. Walls

ROBIN L. WALLS

4/30/04

850-626-4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #