

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90035 031 \*\*\*\*70.00

<b>DOCUMENT # N00000001588</b>					
<b>1. Entity Name</b> HILAND PARK RAZORBACK BOOSTER CLUB, INC.					
<b>Principal Place of Business</b> 3829 43RD STREET PANAMA CITY, FL 32404			<b>Mailing Address</b> P.O. BOX 35684 PANAMA CITY, FL 32412		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3626987	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> KELLEY, PATTY 8525 WOODLEIGH ROAD YOUNGSTOWN, FL 32466					
<b>7. Name and Address of New Registered Agent</b>					
Name <u>Daylene M. St. Peter</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>2556 Chaucer Circle</u>					
City <u>Panama City</u> <b>FL</b> <u>32405</u>					
<b>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.</b>					
SIGNATURE <u>Daylene M. St. Peter, Treas.</u> <span style="float: right;">DATE <u>March 5, 2004</u></span>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		
<b>\$5.00 May Be Added to Fees</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> P <b>NAME</b> MINCHEW, DAVID <b>STREET ADDRESS</b> 8718 CHEROKEE ST. <b>CITY-ST-ZIP</b> YOUNGSTOWN, FL 32466	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> VP <b>NAME</b> BURKETT, MISSY <b>STREET ADDRESS</b> 2511 MINNESOTA AVE., UNIT L <b>CITY-ST-ZIP</b> LYNN HAVEN, FL 32444	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> T <b>NAME</b> KELLEY, PATTY <b>STREET ADDRESS</b> 8525 WOODLEIGH ROAD <b>CITY-ST-ZIP</b> YOUNGSTOWN, FL 32466	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> TATE, TERESA <b>STREET ADDRESS</b> 704 SPARROW STREET <b>CITY-ST-ZIP</b> LYNN HAVEN, FL 32444	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> KELLEY, WAYNE <b>STREET ADDRESS</b> 8525 WOODLEIGH ROAD <b>CITY-ST-ZIP</b> YOUNGSTOWN, FL 32466	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<b>TITLE</b> P <b>NAME</b> Stephanie Woodrum <b>STREET ADDRESS</b> 8016 S. McCann Rd. <b>CITY-ST-ZIP</b> Panama City FL 32409	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> V <b>NAME</b> Rita Rudd <b>STREET ADDRESS</b> 2122 Pittsburgh Street <b>CITY-ST-ZIP</b> Panama City FL 32404	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> S <b>NAME</b> Jennifer Burkett <b>STREET ADDRESS</b> 6833 Kiser Road <b>CITY-ST-ZIP</b> Panama City FL 32404	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> D <b>NAME</b> Tracy Anglin <b>STREET ADDRESS</b> 2442 Rolling Pines Rd. <b>CITY-ST-ZIP</b> Chipley FL 32428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> D <b>NAME</b> Steve Darwin <b>STREET ADDRESS</b> 2101 Sutherland Rd. <b>CITY-ST-ZIP</b> Lynn Haven FL 32444	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> T <b>NAME</b> Daylene St. Peter <b>STREET ADDRESS</b> 2556 Chaucer Circle <b>CITY-ST-ZIP</b> Panama City FL 32405	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>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 recorder 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.</b>					
SIGNATURE: <u>Daylene M. St. Peter, Treas.</u> <span style="float: right;">Date <u>850-866-8773</u></span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

94036464



01142004 Chg-NP CR2E037 (10/03)

**4. FEI Number**  
59-3626987

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**7. Name and Address of New Registered Agent**  
 Name Daylene M. St. Peter  
 Street Address (P.O. Box Number is Not Acceptable) 2556 Chaucer Circle  
 City Panama City **FL** 32405

**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 Daylene M. St. Peter, Treas. DATE March 5, 2004

**Filing 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**

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SIGNATURE: Daylene M. St. Peter, Treas. Date 850-866-8773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR