## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000003712

Entity Name: BAY HIGH CHEERBOOSTERS, INC.

FILED Jun 01, 2005 Secretary of State

1204 HARRISON AVE PANAMA CITY, FL 32401

Current Mailing Address: New Mailing Address:

1815 MAINE AVE LYNN AHVEN, FL 32444 2830 AGNES SCOTT DR PANAMA CITY, FL 32405

FEI Number: 59-3590205 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HELEN, JETT SHARON, BASKEVIC
1815 MAINE AVE 2830 AGNES SCOTT DR
LYNN HAVEN, FL 32408 US PANAMA CITY, FL 32405 US

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.

SIGNATURE: SHARON BASKEVIC 06/01/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 LISA, MCLENDON
 Name:
 HOUSE, KIMBERLY PRESIDE

 Address:
 211 CASCADE ST
 Address:
 2817 FAIRMONT DR

 City-St-Zip:
 PANAMA CITY, FL 32405
 City-St-Zip:
 PANAMA CITY, FL 32405

Title: Title: (X) Change ( ) Addition ( ) Delete Name: KIM, HOUSE Name: REYNOLDS, JOHNNY VICE PR Address: 2817 FAIRMONT DR Address: 180 BOCA LAGOON DR City-St-Zip: PANAMA CITY, FL 32405 City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: () Delete Title: (X) Change ( ) Addition BASKEVIC, SHARON TREAS HELEN, JETT Name: Name: 1815 MAINE AVE Address: Address: 2830 AGNES SCOTT DR City-St-Zip: LYNN HAVEN, FL 32444 City-St-Zip: PANAMA CITY, FL 32405

 $\label{eq:title:S} {\sf Title:S} \qquad {\sf () Delete} \qquad \qquad {\sf Title:S} \qquad {\sf () Change (X) Addition}$ 

 Name:
 Name:
 GORDAN, GENIA SECT

 Address:
 Address:
 1919 W. 27TH ST

 City-St-Zip:
 City-St-Zip:
 PANAMA CITY, FL 32405

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON BASKEVIC T 06/01/2005