2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

	Secretary of State
DOCUMENT # N0000005033 1. Entity Name PEDRO MENENDEZ HIGH SCHOOL ATHLETIC BOOSTERS CLUB, INC.	05-03-2004 90732 032 ****61.25
Principal Place of Business Mailing Address 4084 PINE RUN CIRCLE 4084 PINE RUN CIRCLE ST. AUGUSTINE, FL 32086 ST. AUGUSTINE, FL 32086	
2. Principal Place of Business 7. O. Box 4081 P. O. Box	4081
Suite, Apt. #, etc. Suite, Apt. #, etc.	04222004 Chg-NP CR2E037 (10/03)
City & State City & State	4. FEI Number Applied For 59-3649498 Not Applied by Applied For Not Applied by Applied b
Zip Country Zip Country 32.085	5. Certificate of Status Desired \$8.75 Additional Fee Required
102060 1 102060 1	
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name W. Henry O'Connell Street Address (P.O. Bax Number is Not Acceptable) Z200. N. Fonce De Leon Blvd. #10
6. Name and 'Address of Current Registered Agent JIMMERSON, DONNA H 4084 PINE RUN CIRCLE ST. AUGUSTINE, FL 32086 8. The above named entity submits this statement for the purpose of changing its register the obligations of registered agent. SIGNATURE:	Name W. Henry O'Connell Street Address (P.O. Bax Number is Not Acceptable) 2200. N. Ponce De Leon Blvd. #10
6. Name and Address of Current Registered Agent JIMMERSON, DONNA H 4084 PINE RUN CIRCLE ST. AUGUSTINE, FL 32086 8. The above named entity submits this statement for the purpose of changing its register the obligations of registered agent. SIGNATURE: Signature, typed or printed name of registered agent and tiple if applicable. (NOTE: Registered Trust Fund Contribution Campaign In Trust Fund Campaign In Trust Fund Campaign In Camp	Name W. Henry O'Connell Street Address (P.O. Bax Number is Not Acceptable) Z200 R. Fonce De Leon Blvd. #10 City Sain + Augustine FL Zip Code 32084 street office or registered agent, or befty in the State of Florida. I am familiar with, and accept ared Agent signature required when reinstating) Financing \$5.00 May Be Added to Fees Florida Department of State
6. Name and Address of Current Registered Agent JIMMERSON, DONNA H 4084 PINE RUN CIRCLE ST. AUGUSTINE, FL 32086 8. The above named entity submits this statement for the purpose of changing its register the obligations of registered agent. SIGNATURE: SI	Name W. Henry O'Connell Street Address (P.O. Bax Number is Not Acceptable) Z2OO Bronce De Leon Blvd. #10 City Sain + Augustine FL Zip Code 32084 ared office or registered agent, or bein in the State of Florida. I am familiar with, and acceptable or registered agent, or bein in the State of Florida. I am familiar with, and acceptable or red Agent signature required when reinstating) Financing \$5.00 May Be Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

	Due by May 1, 2004	Trust Fund Cor	ntribution.		Added to Fee	s	Florida Dep	artment of Si	ate
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
TITLE	VP	Delete	TITLÉ	72				Change	Addition
NAME	TAYLOR, REBEL		NAME	lAn	ne C	orley			
STREET ADDRESS	1665 WOODLAWN RD		STREET ADDRESS	17.	Box	4081			
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32095		CITY-ST-ZIP	Sai	nt Au	quetine	2, FL	3208	5
TITLE	D	Delete	TITLE	T		J		☐ Change	Addition
NAME	TINER, LYNNE		NAME	Ji	m Sw	anson			
STREET ADDRESS	2254 SHORE DRIVE		STREET ADDRESS	P. 0	O. Box	4081			
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086		CITY-ST-ZIP	Sai	nt Au	gustin	e FL	3208	<u>5</u>
TITLE	D	Delete	TITLE				•	☐ Change	Addition
NAME	JIMMERSON, DONNA		NAME	Sh	aron 1	Reeve	5		
STREET ADDRESS	4084 PINE RUN CIRCLE		STREET ADDRESS	P.c). Box	1081			
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086		CITY-ST-ZIP	Sat	nt A	<u>ugusti</u>	ne Th	-320	<u> 284 </u>
TITLE	D	Delete	TITLE	D		O .		Change	Addition
NAME	WRENN, JANET		NAME	1.70	hn	Alexa	nder	-	
STREET ADDRESS	511 JASMINE ROAD		STREET ADDRESS		Box				
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086	<u></u> _	CITY-ST-ZIP	Sa	Int A	equestin	ne, F	<u>l 32</u>	<u>085 </u>
TITLE		Delete	TITLE	D	•	U		Change	🔀 Addition
NAME	1		NAME	ICH	arlie	Lope 408/	7		•
STREET ADDRESS			STREET ADDRESS	10 /	Boy	408			
CITY-ST-ZIP			CITY-ST-ZIP	Sa	in + A	rugust	ine F	<u>L 32</u>	<u>ංහි</u> 5 _
TITLE		☐ Delete	TITLE			0		☐ Change	☐ Addition
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP	1					

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-04

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