


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 90732 032 ****61.25

DOCUMENT # N00000005033

1. Entity Name
PEDRO MENENDEZ HIGH SCHOOL ATHLETIC BOOSTERS CLUB, INC.



Principal Place of Business
**4084 PINE RUN CIRCLE
 ST. AUGUSTINE, FL 32086**

Mailing Address
**4084 PINE RUN CIRCLE
 ST. AUGUSTINE, FL 32086**

2. Principal Place of Business
P.O. Box 4081

3. Mailing Address
P.O. Box 4081

Suite, Apt. #, etc.

City & State

Zip Country
32085



04222004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3649498

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**JIMMERSON, DONNA H
 4084 PINE RUN CIRCLE
 ST. AUGUSTINE, FL 32086**

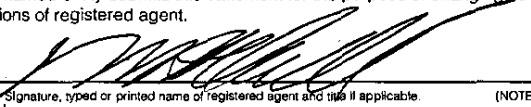
7. Name and Address of New Registered Agent

Name **W. Henry O'Connell**

Street Address (P.O. Box Number is Not Acceptable)
2200 N. Ponce De Leon Blvd. #10

City **Saint Augustine FL** Zip Code **32084**

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:  DATE: **4/29/04**

(NOTE: Registered Agent signature required when reinstating)

**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**

10. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
|-------|------------------|----------------------|---------------------------|-------------------------------------|
| VP | TAYLOR, REBEL | 1665 WOODLAWN RD | SAINT AUGUSTINE, FL 32095 | <input checked="" type="checkbox"/> |
| D | TINER, LYNNE | 2254 SHORE DRIVE | ST. AUGUSTINE, FL 32086 | <input checked="" type="checkbox"/> |
| D | JIMMERSON, DONNA | 4084 PINE RUN CIRCLE | ST. AUGUSTINE, FL 32086 | <input checked="" type="checkbox"/> |
| D | WRENN, JANET | 511 JASMINE ROAD | SAINT AUGUSTINE, FL 32086 | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|-------|----------------|----------------|---------------------------|--------------------------|-------------------------------------|
| P | Anne Corley | P.O. Box 4081 | Saint Augustine, FL 32085 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| T | Jim Swanson | P.O. Box 4081 | Saint Augustine, FL 32085 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| S | Sharon Reeves | P.O. Box 4081 | Saint Augustine, FL 32085 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| D | John Alexander | P.O. Box 4081 | Saint Augustine, FL 32085 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| D | Charlie Lopez | P.O. Box 4081 | Saint Augustine, FL 32085 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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:  DATE: **4-29-04** DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR