

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005033

FILED  
Mar 25, 2005  
Secretary of State

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

**Current Principal Place of Business:**

PO BOX 4081  
SAINT AUGUSTINE, FL 32085

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4081  
SAINT AUGUSTINE, FL 32085

**New Mailing Address:**

FEI Number: 59-3649498

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

O'CONNELL, W. HENRY  
2200 N. PONCE DE LEON BLVD  
#10  
SAINT AUGUSTINE, FL 32084 US

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CORLEY, ANNE  
Address: P.O. BOX 4081  
City-St-Zip: SAINT AUGUSTINE, FL 32085

Title: T ( ) Delete  
Name: SWANSON, JIM  
Address: P.O. BOX 4081  
City-St-Zip: SAINT AUGUSTINE, FL 32085

Title: S ( ) Delete  
Name: REEVES, SHARON  
Address: P.O. BOX 4081  
City-St-Zip: SAINT AUGUSTINE, FL 32085

Title: D ( ) Delete  
Name: ALEXANDER, JOHN  
Address: P.O. BOX 4081  
City-St-Zip: SAINT AUGUSTINE, FL 32085

Title: D ( ) Delete  
Name: LOPEZ, CHARLES  
Address: P.O. BOX 4081  
City-St-Zip: SAINT AUGUSTINE, FL 32085

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAMES A. SWANSON

T

03/25/2005

Electronic Signature of Signing Officer or Director

Date