

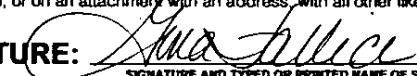


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2007 8:00 am
Secretary of State

08-03-2007 90019 036 ****70.00

DOCUMENT # N0000005033 1. Entity Name PEDRO MENENDEZ HIGH SCHOOL ATHLETIC BOOSTERS CLUB, INC.			
Principal Place of Business PO BOX 4081 SAINT AUGUSTINE, FL 32085		Mailing Address PO BOX 4081 SAINT AUGUSTINE, FL 32085	
2. Principal Place of Business - No P.O. Box # 600 SR 206 West		3. Mailing Address Suite, Apt. #, etc.	
City & State St. Augustine FL		City & State Suite, Apt. #, etc.	
Zip 32086		Country U.S.	
4. FEI Number 59-3649498		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'CONNELL, W. HENRY 2200 N. PONCE DE LEON BLVD #10 SAINT AUGUSTINE, FL 32084		7. Name and Address of New Registered Agent Name Gina Fallica, SJCS D Street Address (P.O. Box Number is Not Acceptable) 40 Orange Street City St 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:  Gina Fallica 8/1/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			
TITLE: P NAME: HILL, NICOLE L STREET ADDRESS: P.O. BOX 4081 CITY-ST-ZIP: SAINT AUGUSTINE, FL 32085	<input checked="" type="checkbox"/> Delete		
TITLE: T NAME: CANAVVO, CYNTHIA STREET ADDRESS: P.O. BOX 4081 CITY-ST-ZIP: SAINT AUGUSTINE, FL 32085	<input checked="" type="checkbox"/> Delete		
TITLE: VP NAME: FALICA, GINA STREET ADDRESS: P.O. BOX 4081 CITY-ST-ZIP: SAINT AUGUSTINE, FL 32085	<input checked="" type="checkbox"/> Delete		
TITLE: S NAME: BENDT, LESLIE STREET ADDRESS: P.O. BOX 4081 CITY-ST-ZIP: SAINT AUGUSTINE, FL 32085	<input checked="" type="checkbox"/> Delete		
TITLE: D NAME: LOPEZ, CHARLES STREET ADDRESS: P.O. BOX 4081 CITY-ST-ZIP: SAINT AUGUSTINE, FL 32085	<input type="checkbox"/> Delete		
TITLE: D NAME: HILL, BRENT A STREET ADDRESS: PO BOX 4081 CITY-ST-ZIP: SAINT AUGUSTINE, FL 32085	<input checked="" type="checkbox"/> Delete		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE: P NAME: Gina Fallica STREET ADDRESS: 404 Leotta Drive CITY-ST-ZIP: St. Augustine, FL 32086	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: T NAME: Joanna Moon STREET ADDRESS: 6741 Hidden Creek Blvd CITY-ST-ZIP: St. Augustine, FL 32086	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: VP NAME: Bunny Geores STREET ADDRESS: 4061 Seminole Point Ct. CITY-ST-ZIP: St. Augustine, FL 32086	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: S NAME: Martha Yamnitz STREET ADDRESS: 605 Old Treaty Place CITY-ST-ZIP: St. Augustine FL 32086	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: D NAME: Ceale Nusbaum STREET ADDRESS: 3840 Hickory Place CITY-ST-ZIP: St. Augustine FL 32086	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE: D NAME: HILL, BRENT A STREET ADDRESS: PO BOX 4081 CITY-ST-ZIP: SAINT AUGUSTINE, FL 32085	<input checked="" type="checkbox"/> Delete		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Gina Fallica, President		Date: 8/1/07 Daytime Phone #: (904) 819-7510	