

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005033

FILED
Aug 12, 2008
Secretary of State

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

Current Principal Place of Business:

600 SR 206 WEST
SAINT AUGUSTINE, FL 32086

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 ()**
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:

FALLICA, GINA SJCSO
40 ORANGE STREET
SAINT AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

NUSBAUM, CECILE B PRESIDE
3840 HICKORY LANE
SAINT AUGUSTINE, FL 32086 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: CECILE B NUSBAUM

08/12/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FALLICA, GINA
Address: 404 LEOTTA DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: T () Delete
Name: MOON, JOANNA
Address: 6741 HIDDEN CREEK BLVD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VP () Delete
Name: GEORES, BUNNY
Address: 4061 SEMINOLE POINT CT
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: S () Delete
Name: YAMNITZ, MARTHA
Address: 605 OLD TREATY PLACE
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete
Name: NUSBAUM, CEALE
Address: 3840 HICKORY PLACE
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D (X) Delete
Name: HILL, BRENT A
Address: PO BOX 4081
City-St-Zip: SAINT AUGUSTINE, FL 32085

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NUSBAUM, CECILE B
Address: 3840 HICKORY LANE
City-St-Zip: SAINT AUGUSTINE, FL 32086

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: D (X) Change () Addition
Name: KLEIN, RALPH
Address: 908 WHITE EAGLE CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32086

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CECILE B NUSBAUM

P

08/12/2008

Electronic Signature of Signing Officer or Director

Date