

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 21, 2009  
Secretary of State**

DOCUMENT# N00000005033

**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 (X)**  
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:**

NUSBAUM, CECILE B PRESIDE  
3840 HICKORY LANE  
SAINT AUGUSTINE, FL 32086      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: NUSBAUM, CECILE B  
Address: 3840 HICKORY LANE  
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: KLEIN, RALPH  
Address: 908 WHITE EAGLE CIRCLE  
City-St-Zip: SAINT AUGUSTINE, FL 32086

**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 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: JOANNA G. MOON

TREA

05/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date