


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90010 012 ****61.25

DOCUMENT # N00000005668

1. Entity Name
NAVARRE HIGH SCHOOL BASEBALL BOOSTER CLUB, INC.



Principal Place of Business
**8600 HIGH SCHOOL BLVD.
 NAVARRE, FL 32566**

Mailing Address
**PO BOX 5922
 NAVARRE, FL 32566**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

07132004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3670199

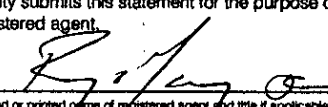
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**LEWIS, LISA
 8131 COUNTRY BAY BLVD.
 NAVARRE, FL 32566**

7. Name and Address of New Registered Agent
 Name **Roy Terry**
 Street Address (P.O. Box Number is Not Acceptable)
2002 Pritchard Point Dr.
 City **Navarre** **FL** Zip Code **32566**

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  **Roy Terry, Treasurer** **7-13-04**
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 8, 2004

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

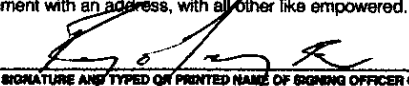
10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	METCALF, MIKE PRES	
STREET ADDRESS	2785 COUNTRY BREEZE BLVD	
CITY-ST-ZIP	NAVARRE, FL 32566	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CROSSTEY, DAVID	
STREET ADDRESS	1778 GALVEZ DR.	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, MARIJANE SEC	
STREET ADDRESS	7457 EAST BAY BLVD.	
CITY-ST-ZIP	NAVARRE, FL 32566	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, LISA	
STREET ADDRESS	8131 COUNTRY BAY BLVD.	
CITY-ST-ZIP	NAVARRE, FL 32566	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Addition
NAME	David Crossley	
STREET ADDRESS	1778 Galvez. Dr.	
CITY-ST-ZIP	Gulf Breeze, FL 32563	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tim Lawson	
STREET ADDRESS	9422 Pine Lilly Ct.	
CITY-ST-ZIP	Navarre, FL 32566	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roy Terry	
STREET ADDRESS	2002 Pritchard Point Dr.	
CITY-ST-ZIP	Navarre, FL 32566	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deena Cox	
STREET ADDRESS	8350 Onich Dr.	
CITY-ST-ZIP	Navarre, FL 32566	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **Roy Terry** **7-13-04** **850-939-1567**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #