


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 20, 2008 8:00 am**  
**Secretary of State**

05-20-2008 90005 046 \*\*\*\*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



04022008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3670199	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

PYEATT, TIM  
 6734 AVENIDA DEGALVEZ  
 NAVARRE, FL 32566

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PYEATT, TIM 6734 AVENIDA DEGALVEZ NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <del>BOWDREE</del> BOWDREE, RUSTY 6582 AVENIDA DEGALVEZ NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HILL, S.D. 2342 DARRAS DR. NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <del>STANLEY, KATHY</del> CATHY STANLEY, KATHY 6516 CALLIE DELAGO RD. NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: TIMOTHY K. PYEATT 16 APR 08 850 936 0457  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #