2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000005668

FILED Apr 07, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

8600 HIGH SCHOOL BLVD. NAVARRE, FL 32566

Current Mailing Address: New Mailing Address:

PO BOX 5922 NAVARRE, FL 32566

FEI Number: 59-3670199 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PYEATT, TIM FREDERICK, AMY
6734 AVENIDA DEGALVEZ 8541 HIGH SCHOOL BLVD
NAVARRE, FL 32566 US NAVARRE, FL 32566 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: AMY FREDERICK 04/07/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: MR (X) Change () Addition

 Name:
 PYEATT, TIM
 Name:
 BOBBITT, JEFF

 Address:
 6734 AVENIDA DEGALVEZ
 Address:
 6536 CODELL ST

 City-St-Zip:
 NAVARRE, FL 32566
 City-St-Zip:
 NAVARRE, FL 32566

Title: VP () Delete Title: MR (X) Change () Addition Name: BAULDREE, RUSTY Name: BAULDREE, RUSTY

Address: 6582 AVENIDA DEGALVEZ Address: 6582 AVENIDA DEGALVEZ
City-St-Zip: NAVARRE, FL 32566 City-St-Zip: NAVARRE, FL 32566

Title: T () Delete Title: MRS (X) Change () Addition

 Name:
 HILL, S.D.
 Name:
 FREDERICK, AMY

 Address:
 2342 DARRAS DR.
 Address:
 8541 HIGH SCHOOL BLVD

 City-St-Zip:
 NAVARRE, FL 32566
 City-St-Zip:
 NAVARRE, FL 32566

Title: S () Delete Title: MRS (X) Change () Addition

 Name:
 STANLEY, CATHY
 Name:
 STANLEY, CATHY

 Address:
 6516 CALLIE DELAGO RD.
 Address:
 6516 CALLE DELAGO RD.

 City-St-Zip:
 NAVARRE, FL 32566
 City-St-Zip:
 NAVARRE, FL 32566

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: AMY FREDERICK MRS 04/07/2009