

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90305 013 \*\*\*\*61.25

**DOCUMENT # N01000003754**

1. Entity Name

**WAKULLA SPIRIT BOOSTERS ASSOCIATION, INC.**



Principal Place of Business

**3237 COASTAL HWY  
CRAWFORDVILLE FL 32327**

Mailing Address

**O.O. BOX 1346  
CRAWFORDVILLE FL 32326**

**24062238**



**MOORE CR2E037 (11/03)**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**NO-T APPLICABLE**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PORTER, JAMES  
423 EDGAR POOLE RD  
CRAWFORDVILLE FL 32327**

7. Name and Address of New Registered Agent

Name

**MARY THOMAS**

Street Address (P.O. Box Number is Not Acceptable)

**28 FIESTA DRIVE**

City

**PANACEA**

**FL**

Zip Code

**32346**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature Required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 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	PD	<input checked="" type="checkbox"/> Delete
NAME	PORTER, JAMES	
STREET ADDRESS	423 EDGAR POOLE RD	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, MARY	
STREET ADDRESS	28 FIESTA DRIVE	
CITY-ST-ZIP	PANACEA FL 32346	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DAVIS, DONNA	
STREET ADDRESS	105 PROVO PLACE	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PAGE, KAI	
STREET ADDRESS	4023 BLOXHAM CUTOFF	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY THOMAS	
STREET ADDRESS	28 FIESTA DRIVE	
CITY-ST-ZIP	PANACEA, FL 32346	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARLENE ADAMS	
STREET ADDRESS	104 CONE RD.	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAREN GAMMON	
STREET ADDRESS	39 AUCILLA ST.	
CITY-ST-ZIP	PANACEA, FL 32346	
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Mary Thomas*

**4-26-04**

Date

**(850)  
349-9349**

Daytime Phone #