2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006
Secretary of State

DOCUMENT# N01000006926

Entity Name: WEST FLORIDA HIGH SCHOOL BASEBALL BOOSTER CLUB, INC.

Current Principal Place of Business:

2400 LONGLEAF DR.
PENSACOLA, FL 32526

New Principal Place of Business:

Current Mailing Address:

2400 LONGLEAF DR.
PENSACOLA, FL 32526

New Mailing Address:

FEI Number: 59-3744760 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLAMCHETTE, WALLY
2400 LONGLEAF DR.
PENSACOLA, FL 32526 US

Name and Address of New Registered Agent:

JOHNSON, MICHAEL W
2400 LONGLEAF DR.
PENSACOLA, FL 32526 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: MICHAEL W JOHNSON 04/20/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BLANCHETTE, WALLY
Address: 2400 LONGLEAF DRIVE
City-St-Zip: PENSACOLA, FL 32526

Title: VPD ( ) Delete
Name: ARCHBELL, ROBERT
Address: 2400 LONGLEAF DRIVE
City-St-Zip: PENSACOLA, FL 32526

Title: TD ( ) Delete
Name: HEDGES, TRACIE R
Address: 2400 LONGLEAF DRIVE
City-St-Zip: PENSACOLA, FL 32526

Title: SD ( ) Delete
Name: WOOD, DEBBIE
Address: 2400 LONGLEAF DRIVE
City-St-Zip: PENSACOLA, FL 32526

Title: VPD (X) Delete
Name: LEOPARD, ROSE
Address: 2400 LONGLEAF DRIVE
City-St-Zip: PENSACOLA, FL 32526

Title: VPD (X) Delete
Name: NORTON, JOY
Address: 2400 LONGLEAF DR.
City-St-Zip: PENSACOLA, FL 32526

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: JOHNSON, MICHAEL W
Address: 2400 LONGLEAF DRIVE
City-St-Zip: PENSACOLA, FL 32526

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: JOHNSON, MICHAEL W
Address: 2400 LONGLEAF DRIVE
City-St-Zip: PENSACOLA, FL 32526

Title: SD (X) Change ( ) Addition
Name: WASS, BETH
Address: 2400 LONGLEAF DRIVE
City-St-Zip: PENSACOLA, FL 32526

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 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: MICHAEL W JOHNSON PD 04/20/2006
Electronic Signature of Signing Officer or Director Date