


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90032 031 ****61.25

DOCUMENT # N01000006926 1. Entity Name WEST FLORIDA HIGH SCHOOL BASEBALL BOOSTER CLUB, INC.					
Principal Place of Business 2400 LONGLEAF DR. PENSACOLA, FL 32526			Mailing Address 2400 LONGLEAF DR. PENSACOLA, FL 32526		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3744760	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, MICHAEL W 2400 LONGLEAF DR. PENSACOLA, FL 32526			7. Name and Address of New Registered Agent Name <u>Elizabeth A. Wass</u> Street Address (P.O. Box Number is Not Acceptable) <u>2400 Longleaf Drive</u> City <u>Pensacola</u> FL Zip Code <u>32526</u>		
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 <u>Elizabeth A. Wass</u> DATE <u>5/1/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JOHNSON, MICHAEL W 2400 LONGLEAF DRIVE PENSACOLA, FL 32526	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Dick Clarke 2400 Longleaf Drive Pensacola FL 32526
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD ARCHBELL, ROBERT 2400 LONGLEAF DRIVE PENSACOLA, FL 32526	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Terrell Kelly 2400 Longleaf Drive Pensacola, FL 32526
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD JOHNSON, MICHAEL W 2400 LONGLEAF DRIVE PENSACOLA, FL 32526	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Vickie Marchman 2400 Longleaf Dr. Pensacola, FL 32526
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WASS, BETH 2400 LONGLEAF DRIVE PENSACOLA, FL 32526	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Beth Wass 2400 Longleaf Drive Pensacola, FL 32526
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Elizabeth A. Wass</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>May 17, 2007</u> (850) 554-4449 <small>Date Daytime Phone</small>		