

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004044

FILED
Feb 19, 2009
Secretary of State

Entity Name: PINE FOREST HIGH SCHOOL CHEERLEADING BOOSTER CLUB, INC.

Current Principal Place of Business:

ATTN: CHANCY SMITH
2500 LONGLEAF DRIVE
PENSACOLA, FL 32526

New Principal Place of Business:

Current Mailing Address:

6832 CEDAR LAKE DRIVE
PENSACOLA, FL 32526

New Mailing Address:

FEI Number: 43-1964183

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BLEDSON, PAMELA D TREAS
6832 CEDAR LAKE DRIVE
PENSACOLA, FL 32526 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRUKETT, TRENTIA R
Address: 3000 WEST MICHIGAN AVENUE
City-St-Zip: PENSACOLA, FL 32526

Title: VD () Delete
Name: MORRIS, DAWN R
Address: 8351 DUDLEY AVENUE
City-St-Zip: PENSACOLA, FL 32534

Title: SD () Delete
Name: ATKINS, SERENA
Address: 5557 SHADOW GROVE BOULEVARD
City-St-Zip: PENSACOLA, FL 32526

Title: D () Delete
Name: BLEDSON, PAMELA
Address: 6832 CEDAR LAKE DRIVE
City-St-Zip: PENSACOLA, FL 32526

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: PAMELA D. BLEDSON

TREA

02/19/2009

Electronic Signature of Signing Officer or Director

_____ Date