

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

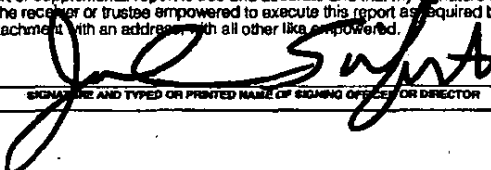
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000005831					
1. Entity Name PINE FOREST HIGH SCHOOL BASEBALL BOOSTER CLUB, INC.					
Principal Place of Business 2500 LONGLEAF DR. PENSACOLA, FL 32526			Mailing Address 2500 LONGLEAF DR. PENSACOLA, FL 32526		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 27-0025970	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KOH, J. ALAN 2500 LONGLEAF DR. PENSACOLA, FL 32526				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reappointing) DATE _____					
Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURKETT, JAMES 3000 W. MICHIGAN AVE. PENSACOLA, FL 32526	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Frink, Tyrone 2379 A CLARK AVE Pensacola FL 32507	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIEFERT, KEN 1911 TILLMAN LANE PENSACOLA, FL 32526	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard T. Rhyne 9981 Jay Rd Pensacola FL 32526	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOYLE, SUSAN 7342 EIGHT MILE CREEK RD PENSACOLA, FL 32526	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIEFERT, JOANNE 1911 TILLMAN LANE PENSACOLA, FL 32526	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: 			1-15-04 450232-8870		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		