2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000005831

1. Entity Name
PINE FOREST HIGH SCHOOL BASEBALL BOOSTER CLUB, INC.

Principal Place of Business	Mailing Address
2500 LONGLEAF DR. PENSACOLA, FL 32526	2500 LONGLEAF DR. PENSACOLA, FL 32526

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01172006 No Chg-NP CR2E037 (11/05)

4. FEI Number
27-0025970

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BERGSTROM, GEORGE
2500 LONGLEAF DR.
PENSACOLA, FL 32526

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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 _____ 2/22/06.
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HARWELL, MIKE
STREET ADDRESS	3231 WINDJAMMER CT.
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	VD
NAME	ROSS, ANN
STREET ADDRESS	2864 MANDEVILLE LANE
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	S
NAME	RIVELLO, SHELLY
STREET ADDRESS	6595 N. BLUE ANGEL PARKWAY
CITY-ST ZIP	PENSACOLA, FL 32526
TITLE	TD
NAME	HARWELL, BECKY
STREET ADDRESS	3231 WINDJAMMER CT.
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	

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03/16/06-80025-023 70.00

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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: _____ 2-22-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #