

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90024 007 \*\*\*\*61.25

**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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

**BERGSTROM, GEORGE**  
**2500 LONGLEAF DR.**  
**PENSACOLA FL 32526**

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 resigning)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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: PD ☐ Delete  
NAME: HARWELL, MIKE  
STREET ADDRESS: 3231 WINDJAMMER CT.  
CITY-STATE-ZIP: PENSACOLA, FL 32526

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: VD ☐ Delete  
NAME: ROSS, ANN  
STREET ADDRESS: 2864 MANDEVILLE LANE  
CITY-STATE-ZIP: PENSACOLA FL 32526

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: S ☒ Delete  
NAME: RIVELLO, SHELLEY  
STREET ADDRESS: 6595 N. BLUE ANGEL PARKWAY  
CITY-STATE-ZIP: PENSACOLA FL 32526

TITLE: S ☐ Change ☒ Addition  
NAME: Harwell, Becky  
STREET ADDRESS: 3231 Windjammer Ct.  
CITY-STATE-ZIP: Pensacola, FL 32526

TITLE: TD ☒ Delete  
NAME: HARWELL, BECKY  
STREET ADDRESS: 3231 WINDJAMMER CT.  
CITY-STATE-ZIP: PENSACOLA FL 32526

TITLE: ~~TD~~ ☐ Change ☒ Addition  
NAME: Deborah Branstetter  
STREET ADDRESS: 6452 Memphis Ave  
CITY-STATE-ZIP: Pensacola FL 32526

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-STATE-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-STATE-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Deborah Branstetter*

4/28/07

(950)944-2170