

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91216 002 ****70.00

DOCUMENT # N02000009739

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



Principal Place of Business
2500 LONGLEAF DRIVE
PENSACOLA, FL 32526

Mailing Address
2500 LONGLEAF DRIVE
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

04092004

Chg-NP

CR2E037 (10/03)

4. FEI Number
61-1432418

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPERANZO, SHERRY
8608 EIGHT MILE CREEK RD
PENSACOLA, FL 32526

7. Name and Address of New Registered Agent

Name Linda Williamson

Street Address (P.O. Box Number is Not Acceptable)

818 Ash Drive

City Pensacola

FL

Zip Code
32503

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

Linda Williamson

Linda Williamson - TREASURER

4/26/04

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, 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

TITLE PD ☒ Delete
NAME MCWAINE, BARBARA
STREET ADDRESS 6853 CEDAR RIDGE DRIVE
CITY-ST-ZIP PENSACOLA, FL 32526

TITLE DV ☒ Delete
NAME FEACHER, DARREN
STREET ADDRESS 861 BELAIR ROAD
CITY-ST-ZIP PENSACOLA, FL 32505

TITLE DS ☒ Delete
NAME ROBERTS-LEATHERWOOD, KANIKA
STREET ADDRESS 423 WEST CLAY STREET
CITY-ST-ZIP PENSACOLA, FL 32505

TITLE DT ☒ Delete
NAME SPERANZO, SHERRY
STREET ADDRESS 8608 EIGHT MILE CREEK ROAD
CITY-ST-ZIP PENSACOLA, FL 32526

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D ☒ Change ☐ Addition
NAME ROSALIND HARRIS
STREET ADDRESS 2329 A. Smith Ave.
CITY-ST-ZIP PENSACOLA, FL 32507

TITLE VP/D ☒ Change ☐ Addition
NAME ANITA MCPHERSON
STREET ADDRESS 1751 KNIGHT DRIVE
CITY-ST-ZIP PENSACOLA, FL 32505

TITLE S/D ☒ Change ☐ Addition
NAME STACEY SUNDAY
STREET ADDRESS 3416 W. JORDAN ST.
CITY-ST-ZIP PENSACOLA, FL 32505

TITLE T/D ☒ Change ☐ Addition
NAME LINDA WILLIAMSON
STREET ADDRESS 818 ASH DRIVE
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Sherry Speranzo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHERRY SPERANZO
TREASURER

4/26/04
Date

(850) 941-2587
Daytime Phone #