2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000009739

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

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

02032005 No Chg-NP CR2E037 (10/03)

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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

WILLIAMSON, LINDA
818 ASH DR.
PENSACOLA, FL 32503

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

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HARRIS, ROSALIND
STREET ADDRESS	2329 A SMITH AVE.
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	VPD
NAME	MCPHERSON, ANITA
STREET ADDRESS	1751 KNIGHT DR.
CITY-ST-ZIP	PENSACOLA, FL 32505
TITLE	SD
NAME	SUNDAY, STACEY
STREET ADDRESS	3416 W JORDAN ST.
CITY-ST-ZIP	PENSACOLA, FL 32505
TITLE	TD
NAME	WILLIAMSON, LINDA
STREET ADDRESS	818 ASH DR.
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/05/05-80035-023 61.25

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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: Linda Williamson 4/20/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #