

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

02-17-2006 90067 004 ****70.00
05-04-2006 90221 005 ****61.25

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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04282006 Chg-NP CR2E037 (4/06)

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		7. Name and Address of New Registered Agent Name Anita McPherson Street Address (P.O. Box Number is Not Acceptable) 1759 Knight Drive City Pensacola FL Zip Code 32505	
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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 Anita McPherson DATE 4/25/06

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, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRIS, ROSALIND 2329 A SMITH AVE. PENSACOLA, FL 32507 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD McPherson, Anita 1759 Knight Drive Pensacola, FL 32505 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCPHERSON, ANITA 1751 KNIGHT DR. PENSACOLA, FL 32505 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Patricia Guley 128 Community Dr. Pensacola, FL 32505 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SUNDAY, STACEY 3416 W JORDAN ST. PENSACOLA, FL 32505 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMSON, LINDA 818 ASH DR. PENSACOLA, FL 32503 ☐ 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 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: Anita McPherson DATE 4/25/06 DAYTIME PHONE # 850-356-9114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR