2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005
Secretary of State

DOCUMENT# N03000001469

Entity Name: APALACH HIGH BOOSTER CLUB, INC

Current Principal Place of Business:

1 WILDFLOWER LANE
APALACHICOLA, FL 32320

New Principal Place of Business:

402-HWY 98
EASTPOINT, FL 32328

Current Mailing Address:

1 WILDFLOWER LANE
APALACHICOLA, FL 32320

New Mailing Address:

P.O. BOX 247
EASTPOINT, FL 32328

FEI Number: 84-1617953 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRUM, DONNA W
1 WILDFLOWER LANE
APALACHICOLA, FL 32320 US

Name and Address of New Registered Agent:

MARTINA, LYNN C
P.O. BOX 247
EASTPOINT, FL 32328 US

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.

SIGNATURE: LYNN C MARTINA 04/07/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MARTINA, LYNN
Address: P O BOX 247
City-St-Zip: EASTPOINT, FL 32328

Title: V ( ) Delete
Name: PARRISH, JERRY
Address: 1104 PALM BLVD
City-St-Zip: PORT ST JOE, FL 32456

Title: T ( ) Delete
Name: CRUM, DONNA W
Address: 1 WILDFLOWER LANE
City-St-Zip: APALACHICOLA, FL 32320

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: BROWN, CAROL
Address: 222- 17TH STREET
City-St-Zip: APALACHICOLA, FL 32320

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN C MARTINA P 04/07/2005
Electronic Signature of Signing Officer or Director Date