


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000001469 1. Entity Name SEAHAWK BOOSTERS, INC.	
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Principal Place of Business 85 SCHOOL ROAD EASTPOINT, FL 32328	Mailing Address 6 6TH STREET EASTPOINT, FL 32320
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01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 84-1617953	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WHITEHEAD, CARLA 112 WHISPERING PINES DRIVE EASTPOINT, FL 32328

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITEHEAD, CARLA 112 WHISPERING PINES DRIVE EASTPOINT, FL 32328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MERCER, MARK P.O. BOX 543 CARRABELLE, FL 32322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOUNT SIMMONS, ELINOR 297 23RD AVENUE APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NICHOLS, DEBRA 6 6TH STREET EASTPOINT, FL 32328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/24/08-80013-009-61.25

**DO NOT WRITE
IN THIS SPACE**

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: Debra A. Nichols Debra A. Nichols 1-21-08 (850) 927-2163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #