

# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**  
**Sep 04, 2008 8:00 A.M.**  
**Secretary of State**

<b>DOCUMENT # N03000001469</b> 1. Entity Name <b>SEAHAWK BOOSTERS, INC.</b>			
Principal Place of Business <b>85 SCHOOL ROAD</b> <i>Delete</i> <b>EASTPOINT, FL 32328</b>		Mailing Address <b>6 6TH STREET</b> <b>EASTPOINT, FL 32320</b>	
2. Principal Place of Business - No P.O. Box # <b>1250 Hwy 98 East</b> Suite, Apt. #, etc.		3. Mailing Address <b>128 Cottage Hill Road</b> Suite, Apt. #, etc.	
City & State <b>Eastpoint, FL</b>		City & State <b>Apalachicola, FL</b>	
Zip <b>32328</b>		Zip <b>32320</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>84-1617953</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WHITEHEAD, CARLA</b> <b>112 WHISPERING PINES DRIVE</b> <b>EASTPOINT, FL 32328</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>WHITEHEAD, CARLA</b> <b>112 WHISPERING PINES DRIVE</b> <b>EASTPOINT, FL 32328</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div> <div style="text-align: center;"> <b>500135960155</b>  <b>09/16/08--01012--001 **61.25</b> </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>MERCER, MARK</b> <b>P.O. BOX 543</b> <b>CARRABELLE, FL 32322</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>MOUNT SIMMONS, ELINOR</b> <b>297 23RD AVENUE</b> <b>APALACHICOLA, FL 32320</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>NICHOLS, DEBRA</b> <b>6 6TH STREET</b> <b>EASTPOINT, FL 32328</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         </div> <div style="text-align: center;"> <b>T Monica Moran</b>  <b>128 Cottage Hill Road</b>  <b>Apalachicola, FL 32320</b> </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>
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.			
<b>SIGNATURE:</b> <i>Carla Whitehead</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="text-align: right;"> <b>8/8/08</b> <b>850-653-6993</b>  <small>Date Daytime Phone #</small> </div>	