


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000001663	
1. Entity Name CHILES HIGH SCHOOL SPIRIT CLUB, INC.	

Principal Place of Business 7200 LAWTON CHILES LANE TALLAHASSEE, FL 32312	Mailing Address 7200 LAWTON CHILES LANE TALLAHASSEE, FL 32312
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04202005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2259742	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ASHLEY, LAURIE H 6004 PICKWICK DR. TALLAHASSEE, FL 32309
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**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: *Laurie H. Ashley* *4/21/05*
(NOTE: Registered Agent signature required when reinstating) **DATE**

**Filing Fee is \$61.25
Due by May 1, 2005**

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

UD00000326497

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARRETT, GEORGIE 3651 KIMMER ROW DRIVE TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GAGNON, JUDY 2616 HEMMINGWOOD PL TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COLLINS, TERRI 6323 BELGRAND DR. TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHLEY, LAURIE 6004 PICKWICK DR TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HILL, JO ELLYN 3343 DRY CREEK DRIVE. TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CLOUD, KERRI 4334 MILLWOOD LN TALLAHASSEE, FL 32312

**DO NOT WRITE
IN THIS SPACE**

04/23/05-80058-012 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Georgie Barrett* *4/20/05* *850-205-6656*
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) **DATE** **Daytime Phone #**