


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 09, 2007 8:00 am**  
**Secretary of State**

08-09-2007 90053 024 \*\*\*\*61.25

<b>DOCUMENT # N03000003172</b> 1. Entity Name <b>ARNOLD HIGH SCHOOL CHOIR BOOSTERS, INC.</b>					
Principal Place of Business <b>550 ALF COLEMAN DR. PANAMA CITY BEACH, FL 32407</b>			Mailing Address <b>550 ALF COLEMAN DR. PANAMA CITY BEACH, FL 32407</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BAKER, LAURA</b> <b>141 MARLIN CIRCLE</b> <b>PANAMA CITY BEACH, FL 32411</b>			Name  Street Address (P.O. Box Number is Not Acceptable)   City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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.)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete		TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRINH, TEE		NAME	Pyvette Valenti	
STREET ADDRESS	7814 LAIRD STREET		STREET ADDRESS	5307 Palm Garden Blvd	
CITY - ST - ZIP	PANAMA CITY BEACH, FL 32408		CITY - ST - ZIP	Panama City Bch, FL 32407	
TITLE	VP <input checked="" type="checkbox"/> Delete		TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GRIFFIN, TIA		NAME	Joyce Belinge	
STREET ADDRESS	222 FAIRWAY CIRCLE		STREET ADDRESS	109 Heron Turn	
CITY - ST - ZIP	PANAMA CITY BEACH, FL 32407		CITY - ST - ZIP	Panama City Beach, FL 32408	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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>Laura Baker</i> <b>Laura Baker</b> <b>8/6/07</b> <b>850-230-</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> <b>8/6/07</b> <small>Daytime Phone #</small> <b>0792</b>					