


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N03000005684	
1. Entity Name BAY HIGH BASEBALL BOOSTERS, INC.	

Principal Place of Business 427 MCKENZIE AVENUE PANAMA CITY, FL 32402	Mailing Address 427 MCKENZIE AVENUE PANAMA CITY, FL 32402
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**DO NOT WRITE IN THIS SPACE**



02192007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-0945961	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARMON, III, DANIEL  
427 MCKENZIE AVENUE  
PANAMA CITY, FL 32402

**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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

U000000689680  
04/11/07-80042-014 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MCGUFFIN, TIM 103 HAMILTON AVE. PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MITCHELL, DEAN 2820 LONGLEAD ROAD PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS MCGUFFIN, CAROL LEIGH 103 HAMILTON AVE. PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT TREXLER, CURTIS 1506 MASSACHUSETTS LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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 the empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/07

(850) 527-0753

Date Daytime Phone #