


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000007618	
1. Entity Name GULF BREEZE HIGH SCHOOL PTSO, INC.	

Principal Place of Business 675 GULF BREEZE PKWY GULF BREEZE, FL 32561 US	Mailing Address 675 GULF BREEZE PKWY GULF BREEZE, FL 32561 US
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03022006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0199315	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 RAGLAND, SUSA 200 PENSACOLA BEACH RD #A4 GULF BREEZE, FL 32561
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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: Susan Davis Susan Davis 3-3-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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 RAGLAND, SUSAN 200 PENSACOLA BEACH RD #A4 GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RADCLIFFE, DOTTIE 957 VESTAVIA WAY GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DAVIS, SUSAN VESTAVIA WAY GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BROWN, PAULA 125 NORWICH DR GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/14/06-80005-022 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 an other like empowered.

SIGNATURE: Susan Davis Susan Davis 3-3-06 850-934-1911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #