



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90085 026 \*\*\*\*61.25

<b>DOCUMENT # N03000007618</b> 1. Entity Name <b>GULF BREEZE HIGH SCHOOL PTSO, INC.</b>					
Principal Place of Business <b>675 GULF BREEZE PKWY</b> <b>GULF BREEZE, FL 32561 US</b>			Mailing Address <b>675 GULF BREEZE PKWY</b> <b>GULF BREEZE, FL 32561 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<div style="font-size: 24px; margin-bottom: 10px;">40000000</div>  <div style="margin-top: 10px;">           01112007 Chg-NP CR2E037 (12/06)         </div>	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>20-0199315</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<div style="font-size: 24px; margin-bottom: 10px;">40000000</div>  <div style="margin-top: 10px;">           01112007 Chg-NP CR2E037 (12/06)         </div>	
<b>6. Name and Address of Current Registered Agent</b> <b>RAGLAND, SUSA</b> <b>200 PENSACOLA BEACH RD #A4</b> <b>GULF BREEZE, FL 32561</b>					
<b>7. Name and Address of New Registered Agent</b> Name <b>Gross, Cindy</b> Street Address (P.O. Box Number is Not Acceptable) <b>800 Silver Strand Ct</b> City <b>Gulf Breeze</b> <b>FL</b> Zip Code <b>32563</b>					
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 <u><i>Cindy Gross</i></u> <span style="float: right;">1-17-07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</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>RAGLAND, SUSAN</b> <b>200 PENSACOLA BEACH RD #A4</b> <b>GULF BREEZE, FL 32561</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <b>Gross, Cindy</b> <b>800 Silver Strand Ct</b> <b>Gulf Breeze, FL 32563</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>RADCLIFFE, DOTTIE</b> <b>957 VESTAVIA WAY</b> <b>GULF BREEZE, FL 32563</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <b>Brown, Paula</b> <b>125 Norwich Dr.</b> <b>Gulf Breeze, FL 32561</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>DAVIS, SUSAN</b> <b>VESTAVIA WAY</b> <b>GULF BREEZE, FL 32563</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>BROWN, PAULA</b> <b>125 NORWICH DR</b> <b>GULF BREEZE, FL 32561</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <b>Thompson, Pat</b> <b>4507 Brickyard Bayou Rd</b> <b>Gulf Breeze, FL 32563</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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> <u><i>Susan Davis</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>1-18-07</u> <span style="float: right;">850-934-1911</span> <small>Daytime Phone #</small>	