2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 13, 2006 8:00 am Secretary of State **DOCUMENT # N03000007897** 04-13-2006 90296 019 ****61.25 ESCAMBIA HIGH SCHOOL TIP OFF CLUB, INC. Mailing Address Principal Place of Business 50011458 1310 N. 65TH AVENUE 1310 N. 65TH AVENUE PENSACOLA, FL 32506 PENSACOLA, FL 32506 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 03292006 Chg-NP CR2E037 (11/05) 4. FEI Number 56-2400789 Applied For City & State City & State Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent xond a Lett GILLIES, CLIFF Street Address (P.O. Box Number is Not Acceptable) 1310 N. 65TH AVENUE PENSACOLA, FL 32506 N 65m 32506 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Added to Fees Due by May 1, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition D Delete TITLE TILE Donda Lett NAME GILLIES, CLIFF TAME 1310 N 65th Ave 1310 N. 65TH AVENUE STREET ADDRESS THEET ADDRESS Pensacola FL 32506 PENSACOLA, FL 32506 CITY+ST-ZIP 0.14-51-ZIP ☐ Change ■ Addition Delete TITLE 1.5 BANKS, TRACY NAME MAINE STREET ADDRESS 70 MORRIS COURT STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32501 CITY ST-ZIP Change ☐ Addition ☐ Delete TITLE THE HALSE OVERALL, GEORGE HAME STREET ADDRESS 8174 SEDGEFIELD DRIVE TREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32507 CITY-ST-ZIP $\overline{\tau D}$ ☐ Change Addition Detete ""TLE Tammy Kind PLOMBON, ROBIN NAME TAME 8 Gamwell Pensacola STREET ADDRESS 1147 NAPLES DRIVE TREET ADDRESS PENSACOLA, FL 32507 CITY-ST-ZIP 32506 CITY ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS : TREET ADDRESS CITY-ST-ZIP JITY-ST-ZIP . Addition ☐ Chánge TITLE ☐ Delete MALE į. NAME STREET ADDRESS STREET ADDRESS OTY-\$1-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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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