2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2005
Secretary of State

DOCUMENT# N03000009061

Entity Name: PINE FOREST HIGH SCHOOL SOCCER BOOSTER CLUB, INC.

Current Principal Place of Business:

2500 LONGLEAF DR
PENSACOLA, FL 32526

New Principal Place of Business:

Current Mailing Address:

2500 LONGLEAF DR
PENSACOLA, FL 32526

New Mailing Address:

FEI Number: 20-1512641 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CAMPBELL, DEBRA
2500 LONGLEAF DR
PENSACOLA, FL 32526 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CAMPBELL, DEBRA
Address: 5766 HERMOSA CIR
City-St-Zip: PENSACOLA, FL 32526

Title: D ( ) Delete
Name: BRANTLEY, BRENDA
Address: 7332 DAHLIA DR
City-St-Zip: PENSACOLA, FL 32526

Title: D ( ) Delete
Name: WATERS, VALERIA
Address: 2465 FARRIS AVE
City-St-Zip: PENSACOLA, FL 32526

Title: D (X) Delete
Name: MCCLURE, LORI
Address: 6825 CEDAR RIDGE DR
City-St-Zip: PENSACOLA, FL 32526

Title: STD (X) Delete
Name: CONTI, LINDA
Address: 5371 BELLVIEW AVE
City-St-Zip: PENSACOLA, FL 32526

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: CONTI, LINDA A
Address: 5317 BELLVIEW AVENUE
City-St-Zip: PENSACOLA, FL 32526

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA A. CONTI TREA 07/28/2005

Electronic Signature of Signing Officer or Director — Date