

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010554

FILED
May 01, 2006
Secretary of State

Entity Name: WEST FLORIDA HIGH SCHOOL SOFTBALL BOOSTERS INC.

Current Principal Place of Business:

2400 LOGGLEAF DR
PENSACOLA, FL 32526

New Principal Place of Business:

2400 LONGLEAF DR.
PENSACOLA, FL 32526

Current Mailing Address:

2796 WILDE LAKE BLVD
PENSACOLA, FL 32526

New Mailing Address:

2542 CORRAL DR
CANTONMENT, FL 32533

FEI Number: 51-0490308 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:

ROBINSON, VERONICA B
200 SAND TRAP LANE
PENSACOLA, FL 32526 US

Name and Address of New Registered Agent:

WHITMAN, MARK E
2542 CORRAL DR
CANTONMENT, FL 32533 US

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: MARK E. WHITMAN

05/01/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PILGRIM, ROBERT
Address: 1961 FOX QUARRY CIRCLE
City-St-Zip: CANTONMENT, F; 32533

Title: D () Delete
Name: PILGRIM, JEANNE
Address: 1961 FOX QUARRY CIRCLE
City-St-Zip: CANTONMENT, F; 32533

Title: D () Delete
Name: MAYALL, ROBERT
Address: 6351 RAMBLER DRIVE
City-St-Zip: PENSACOLA, FL 32505

Title: D (X) Delete
Name: MAYALL, KIMBERLY
Address: 6351 RAMBLER DRIVE
City-St-Zip: PENSACOLA, FL 32505

Title: D (X) Delete
Name: ROBINSON, FREDERICK L
Address: 200 SAND TRAP LANE
City-St-Zip: PENSACOLA, FL 32526

Title: D (X) Delete
Name: ROBINSON, VERONICA B
Address: 200 SAND TRAP LANE
City-St-Zip: PENSACOLA, FL 32526

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WHITMAN, MARK E
Address: 2542 CORRAL DR
City-St-Zip: CANTONMENT, FL 32533

Title: D (X) Change () Addition
Name: EDWARDS, MICHAEL
Address: 1325 WISTERIA AV
City-St-Zip: PENSACOLA, FL 32507

Title: D (X) Change () Addition
Name: COMBS, GAIL
Address: 2400 LONGLEAF DR
City-St-Zip: PENSACOLA, FL 32526

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

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 Chapter 119, 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: MRAK E WHITMAN

D

05/01/2006

Electronic Signature of Signing Officer or Director

Date