

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jun 16, 2008  
Secretary of State**

DOCUMENT# N03000010554

Entity Name: WEST FLORIDA HIGH SCHOOL SOFTBALL BOOSTERS INC.

**Current Principal Place of Business:**

2400 LONGLEAF DR.  
PENSACOLA, FL 32526

**New Principal Place of Business:**

**Current Mailing Address:**

2400 LONGLEAF DR  
PENSACOLA, FL 32526

**New Mailing Address:**

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:**

**Name and Address of New Registered Agent:**

WEST FL H.S. SOFTBALL BOOSTERS INC.  
2400 LONGLEAF DR  
PENSACOLA, FL 32526      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D      (X) Change ( ) Addition  
Name: JOHNSON, DERRELL  
Address: 7135 ANNANDALE DRIVE  
City-St-Zip: PENSACOLA, FL 32526

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: TREA      ( ) Change (X) Addition  
Name: NOSKI, STEPHANIE  
Address: 2717 GODWIN LANE  
City-St-Zip: PENSACOLA, FL 32526

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: SEC      ( ) Change (X) Addition  
Name: WOOD, DEBBIE  
Address: 6360 FRANK REEDER ROAD  
City-St-Zip: PENSACOLA, FL 32526

I hereby certify that the information supplied with this filing does not qualify 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: STEPHANIE NOSKI

TREA

06/16/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date