

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010554

FILED
Apr 29, 2009
Secretary of State

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 (X)

Name and Address of Current Registered Agent:

WEST FL H.S. SOFTBALL BOOSTERS INC.
2400 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: D () Delete
Name: JOHNSON, DERRELL
Address: 7135 ANNANDALE DRIVE
City-St-Zip: PENSACOLA, FL 32526

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: T () Change (X) Addition
Name: STARTZEL, DEBBIE
Address: 2357 SILVERSIDES LOOP
City-St-Zip: PENSACOLA, FL 32526

Title: M () Change (X) Addition
Name: ROSARIO, NICK
Address: 4601 CHOCTAW AVENUE
City-St-Zip: PENSACOLA, FL 32507

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

VP

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date