


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 03, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90133 001 \*\*\*122.50

<div style="display: flex; justify-content: space-between; align-items: center;"> <div> <p>000000000000 N04000001105</p> <p>1. Entity Name <b>WEST FLORIDA HIGH SCHOOL BASKETBALL BOOSTERS INC.</b></p> </div> <div style="text-align: center;">  </div> </div>																																																																																																																											
Principal Place of Business 2796 WILDE LAKE BLVD. PENSACOLA, FL 32526		Mailing Address 2796 WILDE LAKE BLVD. PENSACOLA, FL 32526																																																																																																																									
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																																																																																																																									
City & State  Zip      Country		City & State  Zip      Country																																																																																																																									
4. FEI Number <b>11-3675473</b>		Applied For <input type="checkbox"/> Not Applicable																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b>																																																																																																																									
<div style="display: flex; justify-content: space-between;"> <div> <p>6. Name and Address of Current Registered Agent</p> <p><b>SUNDAY-GRACE, JIMONICA</b>  <b>7801 CALAHAN PLACE</b>  <b>PENSACOLA, FL 32534</b></p> </div> <div> <p>7. Name and Address of New Registered Agent</p> <p>Name _____</p> <p>Street Address (P.O. Box Number is Not Acceptable) _____</p> <p>City _____</p> <p style="text-align: right;">FL      Zip Code _____</p> </div> </div>																																																																																																																											
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 familiar with, and accept the obligations of registered agent.																																																																																																																											
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																											
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>																																																																																																																									
<b>\$5.00</b>		Make check payable to <b>Florida Department of State</b>																																																																																																																									
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Robert C. McKibben</u> Robert C. McKibben    5-1-05    (850) 944-0170																																																																																																																											

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