

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 06, 2009  
Secretary of State**

DOCUMENT# N04000009907

**Entity Name:** PEDRO MENENDEZ HIGH SCHOOL WINTERGUARD BOOSTERS INC.

**Current Principal Place of Business:**

795 KINGS ESTATES ROAD  
ST AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

795 KINGS ESTATES ROAD  
ST AUGUSTINE, FL 32086

**New Mailing Address:**

**FEI Number:** 20-1769143      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BECKETT, RACHEL S  
795 KINGS ESTATES ROAD  
ST AUGUSTINE, FL 32086      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: PRES      ( ) Delete  
Name: PALM, PAMELA  
Address: 509 WOOD CHASE  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: V      ( ) Delete  
Name: JONES, KAREN  
Address: 2724 ELSIE RD  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: T      ( ) Delete  
Name: BECKETT, RACHEL  
Address: 895 KINGS ESTATE ROAD  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: S      (X) Delete  
Name: ORTIZ, MICHELE  
Address: 256 WISTERIA  
City-St-Zip: SAINT AUGUSTINE, FL 32086

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

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

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 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: RACHEL S. BECKETT

TREA

04/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date