2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N06000004220

Entity Name: PENSACOLA HIGH SCHOOL GIRLS SOCCER BOOSTER CLUB, INC.

Current Principal Place of Business:

500 W MAXWELL STREET
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

500 W MAXWELL STREET
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 56-2456710 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BIGHAM, LYNDA
1064 MORGAN LANE
MOLINO, FL 32577 US

Name and Address of New Registered Agent:

ALLEN, THOMAS P
300 MYRSHINE DR
PENSACOLA, FL 32506 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: THOMAS ALLEN 04/15/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BIGHAM, LYNDA
Address: 1064 MORGAN LANE
City-St-Zip: MOLINO, FL 32577

Title: VP ( ) Delete
Name: ORTIZ, COLLEEN
Address: 2790 VENETIAN WAY
City-St-Zip: GULF BREEZE, FL 32563

Title: S ( ) Delete
Name: FUSSELL, LINDA
Address: 827 FLEMMING CT
City-St-Zip: PENSACOLA, FL 32514

Title: T ( ) Delete
Name: THOMAS, ALLEN
Address: 300 MYRSHINE DR
City-St-Zip: PENSACOLA, FL 32506

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ALLEN, THOMAS
Address: 300 MYRSHINE DR
City-St-Zip: PENSACOLA, FL 32506

Title: VP (X) Change ( ) Addition
Name: WOODS, LISA M
Address: 905 PONCIANA DR.
City-St-Zip: GULF BREEZE, FL 32561

Title: S (X) Change ( ) Addition
Name: MARSH, MELISSA G
Address: 3307 WHITELEAF CIR.
City-St-Zip: PENSACOLA, FL 32504

Title: T (X) Change ( ) Addition
Name: WOODS, DAVID E
Address: 905 PONCIANA DR
City-St-Zip: GULF BREEZE, FL 32561

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: THOMAS ALLEN P 04/15/2009
Electronic Signature of Signing Officer or Director Date