

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000004220

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**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:**

WOODS, LISA M  
905 POINCIANA DR  
GULF BREEZE, FL 32561 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:** P  
**Name:** AMBROSE, MICHAEL R  
**Address:** 2315 MALYSA PLACE  
**City-St-Zip:** PENSACOLA, FL 32504 US

**Title:** VP  
**Name:** REEVES, LESLIE R  
**Address:** 4075 AIKEN ROAD  
**City-St-Zip:** PENSACOLA, FL 32504

**Title:** S  
**Name:** DENNIS, SHAWN E  
**Address:** 1707 BULEVAR MAYOR  
**City-St-Zip:** PENSACOLA BEACH, FL 32561

**Title:** T  
**Name:** WOODS, LISA M  
**Address:** 905 PONCIANA DR  
**City-St-Zip:** GULF BREEZE, FL 32561

I hereby 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 all other like empowered.

**SIGNATURE:** LISA M WOODS

TREA

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date