

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2007 8:00 am
Secretary of State

05-01-2007 90032 018 ****61.25

DOCUMENT # N06000011818					
1. Entity Name BAY HIGH SCHOOL WRESTLING BOOSTERS, INC.					
Principal Place of Business 228 E. 4TH ST. PANAMA CITY, FL 32401			Mailing Address 228 E. 4TH ST. PANAMA CITY, FL 32401		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01122007 Chg-NP CR2E037 (12/06)	
4. FEI Number 73-1703883				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMPBELL, TIMOTHY C 228 E. 4TH ST. PANAMA CITY, FL 32401			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE <u>4-30-2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAKE, CARLA 20332 DUFFEY RD. FOUNTAIN, FL 32438	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, STACY 121 ROWE AVE. PANAMA CITY, FL 32401	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, TIMOTHY C 228 E. 4TH ST. PANAMA CITY, FL 32401	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSEN, DALE 7770 BETTY LOUISE DR. PANAMA CITY, FL 32404	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGRAM, STEPHANIE 11701 JADEWOOD CIRCLE YOUNGSTOWN, FL 32466	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Dana Smith 3725 Wild Turkey Lane Southport, FL 32409				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Daniel Smith				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Stephanie Hippmann 2835 Longleaf Rd. Panama City, FL 32405				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Timothy C. Campbell</u> <u>4-30-07</u> <u>850-763-8466</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					