

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001238

FILED
Apr 27, 2009
Secretary of State

Entity Name: PENSACOLA HIGH TRACK BOOSTERS INC.

Current Principal Place of Business:

500 W. MAXWELL ST.
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

500 W. MAXWELL ST.
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 20-8470868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, SARA
500 W. MAXWELL ST.
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

PENSACOLA HIGH SCHOOL
500 W. MAXWELL ST.
PENSACOLA, FL 32501 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: GARY COWART

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GROVER, PAUL
Address: 1330 A PINNACLE DR.
City-St-Zip: PENSACOLA, FL 32504

Title: DV () Delete
Name: HOBBLEY, MARK
Address: 2621 N. 13 AVE.
City-St-Zip: PENSACOLA, FL 32503

Title: DS () Delete
Name: CRAWFORD, BRENDA
Address: 6273 KIRSTEN RD.
City-St-Zip: PENSACOLA, FL 32504

Title: DT () Delete
Name: COWART, DON
Address: 5361 SARATOGA AVE.
City-St-Zip: MILTON, FL 32570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change () Addition
Name: SAWYER, LINDA
Address: 500 W. MAXWELL ST.
City-St-Zip: PENSACOLA, FL 32501

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: PAUL GROVER

DP

04/27/2009

Electronic Signature of Signing Officer or Director

Date