

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000002094

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Entity Name:** GULF BREEZE HIGH SCHOOL DRAMA BOOSTERS, INC.

**Current Principal Place of Business:**

1209 CATHLEEN CIRCLE  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

1209 CATHLEEN CIRCLE  
GULF BREEZE, FL 32561

**New Mailing Address:**

2659 EDMUND DRIVE  
GULF BREEZE, FL 32563

**FEI Number:** 80-0447131

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TIMMONS, MARGIE  
1209 CATHLEEN CIRCLE  
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: D  
Name: TIMMONS, MARGIE  
Address: 1209 CATHLEEN CIRCLE  
City-St-Zip: GULF BREEZE, FL 32561

Title: P  
Name: DAY, SUZANNE  
Address: 2659 EDMUND DRIVE  
City-St-Zip: GULF BREEZE, FL 32563

Title: VP  
Name: BEARD, TRACI  
Address: 2004 RESERVATION RD  
City-St-Zip: GULF BREEZE, FL 32563

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:** SUZANNE M. DAY

P

04/26/2010

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

\_\_\_\_\_  
Date