2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2005
Secretary of State

DOCUMENT# N17709

Entity Name: PALATKA HIGH SCHOOL PANTHER ATHLETIC BOOSTER CLUB, INC.

Current Principal Place of Business:

105 CEDAR STREET
PALATKA, FL 32177 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 633
PALATKA, FL 321780633

New Mailing Address:

FEI Number: 59-2344677 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BLACK, SANDRA
149 TIMBER LANE
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

DAHLGREN, GAIL
565 HWY 17 NORTH
PALATKA, FL 32177 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: GAIL DAHLGREN 08/29/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PAYNE, BOBBY
Address: 2700 FAIRWAY DR.
City-St-Zip: PALATKA, FL 32177 US

Title: VPD ( ) Delete
Name: MATHEWS, RANDY
Address: 1202 CARR ST.
City-St-Zip: PALATKA, FL 32177 US

Title: TD ( ) Delete
Name: BLACK, SANDRA
Address: 149 TIMBER LANE
City-St-Zip: PALATKA, FL 32177 US

Title: SD ( ) Delete
Name: TAYLOR, TRACY
Address: 909 W. HWY 17
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HEDSTROM, RANDY
Address: 281 E RIVER RD
City-St-Zip: PALATKA, FL 32177 US

Title: VPD (X) Change ( ) Addition
Name: BROSKY, BUD
Address: 105 CEDAR STREET
City-St-Zip: PALATKA, FL 32177 US

Title: TD (X) Change ( ) Addition
Name: DAHLSTROM, GAIL
Address: 565 HWY 17 NORTH
City-St-Zip: PALATKA, FL 32177 US

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GAIL DAHLGREN TD 08/29/2005
Electronic Signature of Signing Officer or Director Date