

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90037 038 \*\*\*\*61.25

**DOCUMENT # N17709**

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



Principal Place of Business  
105 CEDAR STREET  
PALATKA, FL 32177 US

Mailing Address  
PO BOX 633  
PALATKA, FL 32178-0633

**50009958**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
59-2344677

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAHLGREN, GAIL  
565 HWY 17 NORTH  
PALATKA, FL 32177

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 *Gail Dahlgren*

4/5/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$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 PD ☐ Delete  
NAME HEDSTROM, RANDY  
STREET ADDRESS 281 E RIVER RD  
CITY-ST-ZIP PALATKA, FL 32177

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME BROSKY, BUD  
STREET ADDRESS 105 CEDAR STREET  
CITY-ST-ZIP PALATKA, FL 32177

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME DAHLSTROM, GAIL  
STREET ADDRESS 565 HWY 17 NORTH  
CITY-ST-ZIP PALATKA, FL 32177

TITLE TD ☒ Change ☐ Addition  
NAME Gail Dahlgren  
STREET ADDRESS 565 Hwy 17 North  
CITY-ST-ZIP Palatka, FL 32177

TITLE SD ☐ Delete  
NAME TAYLOR, TRACY  
STREET ADDRESS 909 W. HWY 17  
CITY-ST-ZIP PALATKA, FL 32177

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Gail Dahlgren* Gail Dahlgren  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/06 (326) 329-0568  
Date Daytime Phone #