

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

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



02122007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2344677	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 DAHLGREN, GAIL 565 HWY 17 NORTH PALATKA, FL 32177	DO NOT WRITE IN THIS SPACE
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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 _____
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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEDSTROM, RANDY 281 E RIVER RD PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BROSKY, BUD 105 CEDAR STREET PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAHLGREN, GAIL 565 HWY 17 NORTH PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAYLOR, TRACY 909 W. HWY 17 PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UC00000680325
04/03/07-80072-017 61.25

**DO NOT WRITE
IN THIS SPACE**

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 3/22/07 386-329-0568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #