


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N17709</b> 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
---	---

**DO NOT WRITE IN THIS SPACE**



05012008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2344677	Applied For 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**

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 DATE 4/25/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U000000947171  
06/02/08-80004-002 61.25

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	

**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 DATE 4/25/08 DAYTIME PHONE # 386-329-0568  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR