

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17709

FILED
Mar 18, 2009
Secretary of State

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:

2003 GOLF DRIVE
PALATKA, FL 32177 US

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 ()**

Name and Address of Current Registered Agent:

DAHLGREN, GAIL
565 HWY 17 NORTH
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

WELLS, MARY KAYE
163 WILLIS RD.
HOLLISTER, FL 32147 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: MARY KAYE WELLS

03/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: TD () Delete
Name: DAHLGREN, GAIL
Address: 565 HWY 17 NORTH
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: WHITLOCK, BILL
Address: 2003 GOLF DRIVE
City-St-Zip: PALATKA, FL 32177 US

Title: VPD (X) Change () Addition
Name: HEDSTROM, RANDY
Address: 281 EAST RIVER RD.
City-St-Zip: EAST PALATKA, FL 32131 US

Title: TD (X) Change () Addition
Name: WELLS, MARY KAYE
Address: 163 WILLIS
City-St-Zip: HOLLISTER, FL 32147 US

Title: SD (X) Change () Addition
Name: HURST, JUDY
Address: 2 PUTTER LANE
City-St-Zip: PALATKA, FL 32177

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARY KAYE WELLS

TD

03/18/2009

Electronic Signature of Signing Officer or Director

Date