2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N36677

1. Entity Name BAY HIGH S



FILED Mar 07, 2007 8:00 am Secretary of State

03-07-2007 90003 037 ****61.25

ENI#19300//	
SCHOOL SOCCER BOOSTERS, INC.	

C/O SCOTT R. NABORS P. O. BOX 125			C/O S P. O.	Mailing Address C/O SCOTT R. NABORS P. O. BOX 125 PANAMA CITY, FL 32402									
2. Principal Place of Business - No P.O. Box # 3. Ma			ailing Address										
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				01202007	Chg-	NP	CR2E	:037 (12/06)	
City & State			Cit	City & State				4. FEI Numbe 59-299					pptied For ot Applicable
Zip Country Zip			p Country				5. Certificate	of Status	s Desired		\$8.75 Ad Fee Require	ditional	
	6. Name	and Address of Curre	nt Registere	d Agent	<u>'</u>	T	-	7. Name and	Addres	s of New	Registere	d Agent	
				. •		Name			-				
NABORS, SCOTT R. 456 HARRISON AVE					Street A	eet Address (P.O. Box Number is Not Acceptable)							
PANAMA	CIIT, FL	32401				-0	*					1 = 5	
	,					City					F	L Zip Cod	de .
8. The above the obligat	named entity tions of regist	y submits this statement ered agent.	t for the purp	ose of changing its	register	ed office o	r register	ed agent, or bot	h, in the	State of F	lorida. I a	m familiar with	, and accept
SIGNATURE	Signature, typed	or printed name of registered ag	ere and title if app	hcable. (NOTE	: Яерэтого	d Agent aignat	ture required	when reinstating)		WWW.1.	DATE		
Filing Fee is \$61.25 9. Due by May 1, 2007				9. Election Campaign Financing Trust Fund Contribution.				1					
								\$5.00 May B Added to Fees	•			ck payable t artment of S	
10.			DIRECTORS					Added to Fees		Flo	rida Dep	artment of S	tate
10. πτιε		1ay 1, 2007	DIRECTORS	Trust Fund C	Ontribut	ion.				Flo	rida Dep	ARTIMENT OF S	tate
	Due by M	OFFICERS AND	DIRECTORS		11.	ion.		Added to Fees		Flo	rida Dep	artment of S	tate
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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 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 fixe empowered.

SIGNATURE: