

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 05, 2006 8:00 am**  
**Secretary of State**

07-05-2006 90001 047 \*\*\*\*61.25

<b>DOCUMENT # N39857</b> 1. Entity Name EASTSIDE HIGH SCHOOL ACADEMIC BOOSTERS CLUB, INC.					
Principal Place of Business 1800 N. MAIN ST GAINESVILLE, FL 32601 US			Mailing Address 1800 N. MAIN ST 2215 NW 24TH AVE GAINESVILLE, FL 32601 US		
2. Principal Place of Business 1201 SE 43 <sup>rd</sup> St Suite, Apt. #, etc.		3. Mailing Address 1201 SE 43 <sup>rd</sup> St Suite, Apt. #, etc.			
City & State Gainesville, FL Zip 32641-8796		Country US		4. FEI Number 59-3078077	
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 FISHWICK, MARTHA 9324 SW 32ND PL GAINESVILLE, FL 32608					
7. Name and Address of New Registered Agent Name: Frances Phillips Wingard Street Address (P.O. Box Number is Not Acceptable): 8929 SW 40th Ave. City: Gainesville FL Zip Code: 32608					
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: <u>Frances Phillips Wingard</u> <u>Frances Phillips Wingard (Treasurer)</u> <u>June 29, 2006</u> <small>(NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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	T	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHWICK, MARTHA		NAME	Frances Phillips Wingard	
STREET ADDRESS	9324 SW 32ND PL		STREET ADDRESS	8929 SW 40th Ave.	
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP	Gainesville, FL 32608	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEEGAN, BILL		NAME	Alison Law	
STREET ADDRESS	2035 NW 12TH RD		STREET ADDRESS	4524 SW 105th Dr.	
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP	Gainesville, FL 32608	
TITLE	1VPD	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ROSE		NAME	Maureen Marsh	
STREET ADDRESS	13101 NW 19 PL		STREET ADDRESS	308 SW 97th Terr.	
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP	Gainesville, FL 32607	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Frances Phillips Wingard</u> <u>Frances Phillips Wingard</u> <u>June 29, 2006</u> <u>352-332-1486</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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