

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50215

FILED
Mar 13, 2009
Secretary of State

Entity Name: WASHINGTON HIGH SCHOOL BASEBALL BOOSTERS CLUB, INC.

Current Principal Place of Business:

6000 COLLEGE AVE.
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10170
PENSACOLA, FL 32524

New Mailing Address:

FEI Number: 59-3141948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEUCHTMAN, GARY B MR
501 COMMENDENCIA STREET
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KENNEDY, TOM
Address: 6000 COLLEGE BLVD
City-St-Zip: PENSACOLA, FL 32524

Title: VP () Delete
Name: HUGH, RENTSCHER
Address: 6000 COLLEGE AVE
City-St-Zip: PENSACOLA, FL 32524

Title: S () Delete
Name: FRANZONE, BETTY
Address: 6000 COLLEGE AVE
City-St-Zip: PENSACOLA, FL 32524

Title: TD () Delete
Name: BARROW, BRETT
Address: 6000 COLLEGE BLVD
City-St-Zip: PENSACOLA, FL 32524

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TOM KENNEDY

PD

03/13/2009

Electronic Signature of Signing Officer or Director

Date