

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N50547

1. Entity Name

ESCAMBIA HIGH SCHOOL BAND BOOSTERS, INC.



Principal Place of Business

ESCAMBIA HIGH SCHOOL
1310 65TH AVE.
PENSACOLA, FL 32506

Mailing Address

ESCAMBIA HIGH SCHOOL
1310 65TH AVE.
PENSACOLA, FL 32506



02122006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLSWORTH, DOUGLAS
1310 65TH AVE.
PENSACOLA, FL 32506

**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 Debra D. Shugart

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/22/06

000000447502

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

03/08/06-80076-003 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
SHUGART, DEBRA
515 N. 70TH AVENUE
PENSACOLA, FL 32506

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
HARVEY, MARI
12166 GULF BEACH HWY.
PENSACOLA, FL 32507

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
CROWE, NINA
10745 JOLYNE DR.
PENSACOLA, FL 32506

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
HOGUE, GAIL
1538 SANDCLIFF DR.
PENSACOLA, FL 32507

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: Debra D. Shugart Debra Shugart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/06

Date

850 456-4780

Daytime Phone #