

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90185 027 ****61.25

DOCUMENT # N93000004771					
1. Entity Name BOOKER T. WASHINGTON HIGH SCHOOL BOYS SOCCER BOOSTER CLUB, INC.					
Principal Place of Business 6000 COLLEGE PKWY PENSACOLA, FL 32503			Mailing Address 6000 COLLEGE PKWY PENSACOLA, FL 32503		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3000479	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLOVKO, ALEX 6000 COLLEGE PKWY PENSACOLA, FL 32504			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <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 P NAME TOMKO, JOE STREET ADDRESS 101 PINTADO DR CITY-ST-ZIP PENSACOLA, FL 32503	<input checked="" type="checkbox"/> Delete		TITLE P NAME Lohe, Clint STREET ADDRESS 3500 Silvertree Lane CITY-ST-ZIP PENSACOLA, FL 32504	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME JOSEPH, M J STREET ADDRESS 2000 HALLMARK DR CITY-ST-ZIP PENSACOLA, FL 32503	<input checked="" type="checkbox"/> Delete		TITLE VP NAME Mott, Larry STREET ADDRESS 4460 Dejeaux Dr. CITY-ST-ZIP PENSACOLA, FL 32504	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME WALLER, HAGEN STREET ADDRESS 2160 HALLMARK DR CITY-ST-ZIP PENSACOLA, FL 32503	<input checked="" type="checkbox"/> Delete		TITLE T NAME Lucy Schenck STREET ADDRESS 4790 La Jolla CITY-ST-ZIP PENSACOLA, FL 32504	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			Lucy Schenck		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4/9/07 Daytime Phone #: 850-94-1099		