


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90099 001 ****61.25

DOCUMENT # N94000005516

1. Entity Name
WOODHAM HIGH SCHOOL BASEBALL BOOSTERS, INC.



Principal Place of Business Mailing Address
1220 TAMARA DRIVE **1220 TAMARA DRIVE**
PENSACOLA FL 32504 **PENSACOLA FL 32504**

11009000



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address
1389 W. Roberts Rd. **1389 W. Roberts Rd.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Cantonment, FL **Cantonment, FL**

Zip Country Zip Country
32533 **32533** **32533** **32533**

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
WARE, EARL
1220 TAMARA DRIVE
PENSACOLA FL 32504

7. Name and Address of New Registered Agent
Name **George Reed**
Street Address (P.O. Box Number is Not Acceptable)
1389 W. Roberts Rd.
City **Cantonment** **FL** Zip Code **32533**

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 *George Reed PD.* DATE **4-21-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WARE, EARL	
STREET ADDRESS	1220 TAMARA DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	PARSONS, DAVID	
STREET ADDRESS	1220 FINLEY DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	MCCORVEY, ERNEST	
STREET ADDRESS	740 SMILEY AVE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	PITTS, PAM	
STREET ADDRESS	1778 JOHNSON AVE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George Reed	
STREET ADDRESS	1389 W. Roberts Rd.	
CITY-ST-ZIP	Cantonment, FL 32533	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gary Horne	
STREET ADDRESS	3705 Pompano Dr.	
CITY-ST-ZIP	Pensacola, FL 32514	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wanda Maltais	
STREET ADDRESS	9870 Bobwhite Way	
CITY-ST-ZIP	Pensacola, FL 32514	
TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bonnie Myers	
STREET ADDRESS	8244 Lode Star Ave.	
CITY-ST-ZIP	Pensacola, FL 32514	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *George Reed* **4-21-03 (850)626-0191**

CR2E037 (10/02)