


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV 12 AM 8:21

DOCUMENT # N95000002897 1. Entity Name BOOKER T. WASHINGTON HIGH SCHOOL GIRLS SOCCER BOOSTER CLUB, INC.						
Principal Place of Business 6000 COLLEGE PARKWAY PENSACOLA, FL 32504			Mailing Address 6000 COLLEGE PARKWAY PENSACOLA, FL 32504			
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 NOT APPLICABLE			Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LANGLEY, KERRY M 3385 NEWTON DR PENSACOLA, FL 32503			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 <u>Kerry Langley</u> <small>Signature, typed or printed name of registered agent and file if applicable.</small>		<u>Kerry Langley</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>11-6-08</u> <small>DATE</small>		
FILE NOW!!! FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50			Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LANGLEY, KERRY 3385 NEWTON DR. PENSACOLA, FL 32504	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Carmen Allen 2672 Brooklyn Street Pensacola, FL 32514	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COGGINS, GINA 4220 LANGLEY AVE PENSACOLA, FL 32504	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Erin Hernandez 3590 Hopestill Road Pensacola, FL 32503	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GURNEY, CHP 3445 LEMINGTON RD PENSACOLA, FL 32504	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100137845321 11/12/08--01023--004 **245.00	
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: <u>Kerry Langley</u>		<u>Kerry Langley</u>		<u>11-6-08</u>		<u>850-438-4081</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Signature</small>		<small>Date</small>		<small>Daytime Phone #</small>