2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N98000005070

Entity Name: GULF BREEZE HIGH SCHOOL SOCCER BOOSTERS, INC.

Current Principal Place of Business:

675 GULF BREEZE PARKWAY
GULF BREEZE, FL 32561 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1442
GULF BREEZE, FL 32562 US

New Mailing Address:

FEI Number: 59-3532701 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WELSH, IAN
1137 CRANE COVE BLVD
GULF BREEZE, FL 32563 US

Name and Address of New Registered Agent:

WILLETS, PAULA
1151 MARY KATE DR
GULF BREEZE, FL 32563 US

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: PAULA WILLETS 04/29/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WELSH, IAN
Address: 1137 CRANE COVE BLVD
City-St-Zip: GULF BREEZE, FL 32563

Title: VPD ( ) Delete
Name: MALLOY, DENNIS
Address: 1142 BAYVIEW LN
City-St-Zip: GULF BREEZE, FL 32563

Title: SD ( ) Delete
Name: RANDLE, CONNIE
Address: 905 AQUAMARINE DR
City-St-Zip: GULF BREEZE, FL 32563

Title: TD ( ) Delete
Name: BRANNON, SANDY
Address: 2969 CORAL STRIP PKWY
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GROSS, CINDY
Address: 800 SILVER STRAND
City-St-Zip: GULF BREEZE, FL 32563

Title: VPD (X) Change ( ) Addition
Name: WILLETS, JARED
Address: 1151 MARY KATE DR
City-St-Zip: GULF BREEZE, FL 32563

Title: SD (X) Change ( ) Addition
Name: SPERRY, SUSAN
Address: 221 PINETREE
City-St-Zip: GULF BREEZE, FL 32561

Title: TD (X) Change ( ) Addition
Name: WILLETS, PAULA
Address: 1151 MARY KATE DR
City-St-Zip: GULF BREEZE, FL 32563

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: PAULA WILLETS TD 04/29/2008
Electronic Signature of Signing Officer or Director Date