

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005070

FILED  
Apr 15, 2010  
Secretary of State

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:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SNYDER, RICHARD  
Address: 1126 SHADY LANE  
City-St-Zip: GULF BREEZE, FL 32563

Title: VPD  
Name: MCDANIEL, LISA  
Address: 1556 CENTRAL PKWY  
City-St-Zip: GULF BREEZE, FL 32563

Title: SD  
Name: IRWIN, CATHERINE  
Address: 2735 SUNRUNNER LANE  
City-St-Zip: GULF BREEZE, FL 32563

Title: TD  
Name: BEUCHLER, SUZANNE  
Address: 218 SABINE DR  
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: ATD  
Name: WILLETS, PAULA  
Address: 1151 MARY KATE DR  
City-St-Zip: GULF BREEZE, FL 32561

I hereby 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 all other like empowered.

SIGNATURE: PAULA WILLETS

TD

04/15/2010

Electronic Signature of Signing Officer or Director

Date