

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90018 002 ****61.25

DOCUMENT # N99000003545

1. Entity Name

ST. AUGUSTINE HIGH SCHOOL FOOTBALL BOOSTERS, INC.



Principal Place of Business

3205 VARELLA AVE
FOOTBALL STADIUM
SAINT AUGUSTINE FL 32095
US

Mailing Address

P.O. BOX 1771
SAINT AUGUSTINE FL 32085
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

52-2180281

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, BRAD
100 ARRICOLA AVE
ST. AUGUSTINE FL 32084

Name

DAVIS, BRADLEY K.

Street Address (P.O. Box Number is Not Acceptable)

177 PACIFIC ST., STE A

City

ST. AUGUSTINE

FL

Zip Code

32084

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2006

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 ☐ Delete
NAME MEESE, ROY
STREET ADDRESS 1302 PRINCE RD
CITY-ST-ZIP SAINT AUGUSTINE FL 32086

TITLE VPD ☐ Delete
NAME GUMBLE, JEANIE
STREET ADDRESS 14 HYBISCUS AVE
CITY-ST-ZIP SAINT AUGUSTINE FL 32084

TITLE SD ☒ Delete
NAME GOODWIN, JEAN
STREET ADDRESS 1013 N MARSH WIND WAY
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE TD ☒ Delete
NAME COX, LYNN
STREET ADDRESS 100 RIVER LANDING DR
CITY-ST-ZIP SAINT AUGUSTINE FL 32095

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition
NAME DeFORE, TRACY
STREET ADDRESS 2412 KACIE LANE
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE TD ☐ Change ☒ Addition
NAME WELLS, VERA
STREET ADDRESS 7750 CR 208
CITY-ST-ZIP ST. AUGUSTINE, FL 32092

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

VERA WELLS

1/31/06