

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90853 011 \*\*\*\*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

40093810



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
52-2180281

Applied For  
Not Applicable

Zip

Country

Zip

Country

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  
17 PACIFIC ST STE A  
ST. AUGUSTINE, FL 32084

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☒ Change ☐ Addition  
NAME PD  
STREET ADDRESS Gumble, Jeanie  
CITY-ST-ZIP 14 Hybiscus Ave.  
St. Augustine, FL 32084

TITLE SD  
NAME DEFORE, TRACY ☐ Delete  
STREET ADDRESS 2412 KACIE LANE  
CITY-ST-ZIP SAINT AUGUSTINE, FL 32084

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

TITLE TD  
NAME WELLS, VELDA ☒ Delete  
STREET ADDRESS 7750 CR 208  
CITY-ST-ZIP SAINT AUGUSTINE, FL 32095

TITLE ☐ Change ☒ Addition  
NAME TP  
STREET ADDRESS Lewis, Sheri  
CITY-ST-ZIP 153 Meadow Avenue  
St. Augustine, FL 32084

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME VPD  
STREET ADDRESS Defore, DuRandy  
CITY-ST-ZIP 2412 Kacie Lane  
St. Augustine, FL 32084

TITLE ☐ Delete  
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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Velda M. Wells* Velda Wells/Treasurer 06-07 4/26/07 (904) 824-6723