

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 6, 1995.  
AMOUNT DUE ON OR BEFORE 8/6/95: \$150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

95 JUL 19 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # 770482 (8)**  
1. Corporation Name  
**THE PLANT HIGH SCHOOL ACADEMIC FOUNDATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
2415 S. HMES AVENUE 2415 S. HMES AVENUE  
TAMPA FL 33629 TAMPA FL 33629

3. Date Incorporated or Qualified 3a. Date of Last Report  
09/29/1983 03/08/1994

4. FEI Number Applied For  
59-2348164 Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

5. Certificate of Status Desired  \$6.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **FILING FEE IS \$61.25**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROTHENBERG, MARY SUE  
1817 BAYSHORE BLVD.  
TAMPA FL 33606

Spector, Jane  
4510 Sylvan Ramble  
Tampa, FL 33609

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                      |
|----------------------------|----------------------|
| TITLE                      | PD                   |
| NAME                       | ROTHENBERG, MARY SUE |
| STREET ADDRESS             | 1817 BAYSHORE BLVD.  |
| CITY - ST - ZIP            | TAMPA FL             |
| TITLE                      | PD                   |
| NAME                       | SPECTOR, JANE        |
| STREET ADDRESS             | 4510 SYLVAN RAMBLE   |
| CITY - ST - ZIP            | TAMPA FL             |
| TITLE                      | SD                   |
| NAME                       | HARDEE, SARAH        |
| STREET ADDRESS             | 2903 EUCLID AVE.     |
| CITY - ST - ZIP            | TAMPA FL             |
| TITLE                      | PD                   |
| NAME                       | WOLFE, PAT           |
| STREET ADDRESS             | 572 RIVERA DR.       |
| CITY - ST - ZIP            | TAMPA FL             |
| TITLE                      |                      |
| NAME                       |                      |
| STREET ADDRESS             |                      |
| CITY - ST - ZIP            |                      |
| TITLE                      |                      |
| NAME                       |                      |
| STREET ADDRESS             |                      |
| CITY - ST - ZIP            |                      |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |   |
| 1.3 STREET ADDRESS                                    |   |
| 1.4 CITY - ST - ZIP                                   |   |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |   |
| 2.3 STREET ADDRESS                                    |   |
| 2.4 CITY - ST - ZIP                                   |   |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |   |
| 3.3 STREET ADDRESS                                    |   |
| 3.4 CITY - ST - ZIP                                   |   |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |   |
| 4.3 STREET ADDRESS                                    |   |
| 4.4 CITY - ST - ZIP                                   |   |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  |   |
| 5.3 STREET ADDRESS                                    |   |
| 5.4 CITY - ST - ZIP                                   |   |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME  |   |
| 6.3 STREET ADDRESS                                    |   |
| 6.4 CITY - ST - ZIP                                   |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jane W Spector Date: 6/22/95 (813) 939-3800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/95)