

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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



Principal Place of Business
**2415 S. HIMES AVENUE
TAMPA FL 33629**

Mailing Address
**2415 S. HIMES AVENUE
TAMPA FL 33629**

3. Date Incorporated or Qualified
09/29/1983

3a. Date of Last Report
07/19/1995

4. FEI Number
59-2348164

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
**SPECTOR, JANE
4510 SYLVAN RAMBLE
TAMPA FL 33609**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 officer 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: *Jane W. Spector* **Jane W. Spector** **2-7-96**
Signature, typed or printed name of registered agent and title if applicable (INC) Registered Agent signature required when reinstating DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME **D ROTHENBERG, MARY SUE**
STREET ADDRESS **1817 BAYSHORE BLVD.**
CITY-ST-ZIP **TAMPA FL**

TITLE DELETE
NAME **PD SPECTOR, JANE**
STREET ADDRESS **4510 SYLVAN RAMBLE**
CITY-ST-ZIP **TAMPA FL**

TITLE DELETE
NAME **D HARDEE, SARAH**
STREET ADDRESS **2903 EUCLID AVE.**
CITY-ST-ZIP **TAMPA FL**

TITLE DELETE
NAME **D WOLFE, PAT**
STREET ADDRESS **572 RIVIERA DR.**
CITY-ST-ZIP **TAMPA FL**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME **Dyler, Harriet**
4.3 STREET ADDRESS **800 S. WILLOW AVE.**
4.4 CITY-ST-ZIP **TAMPA, FL 33606**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change 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)(k), 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* **Jane W. Spector** **2-7-96** **813-839-3800**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)