

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 11 1997 8:00am  
Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1997**



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 33629-5134**

3. Date Incorporated or Qualified: **09/29/1983**      3a. Date of Last Report: **03/19/1996**  
4. FEI Number: **59-2348164**      Applied For:  Not Applicable  
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 **25**  
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

**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 **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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ROTHENBERG, MARY SUE</b>
STREET ADDRESS	<b>1817 BAYSHORE BLVD.</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>SPECTOR, JANE</b>
STREET ADDRESS	<b>4510 SYLVAN RAMBLE</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HARDEE, SARAH</b>
STREET ADDRESS	<b>2903 EUCLID AVE.</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PLYLER, HARRIET</b>
STREET ADDRESS	<b>800 S WILLOW AVENUE</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 Spector      Date: 2-5-97      Daytime Phone #: 813-272-3033  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E037 (9/96)