


FILE NOW: FILING FEE IS \$61.25

FILED

**May 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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	
4. FEI Number 59-2348164	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
---	--

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 Pamela McFarlin
82 Street Address (P.O. Box Number is Not Acceptable) 130 - E. Davis Blvd.
83 City Tampa
84 State FL
85 Zip Code 33606

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 *Pamela McFarlin* DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D	NAME ROTHENBERG, MARY SUE	STREET ADDRESS 1817 BAYSHORE BLVD.	CITY-ST-ZIP TAMPA FL	<input checked="" type="checkbox"/> DELETE
TITLE PD	NAME SPECTOR, JANE	STREET ADDRESS 4510 SYLVAN RAMBLE	CITY-ST-ZIP TAMPA FL	<input checked="" type="checkbox"/> DELETE
TITLE D	NAME HARDEE, SARAH	STREET ADDRESS 2903 EUCLID AVE.	CITY-ST-ZIP TAMPA FL	<input checked="" type="checkbox"/> DELETE
TITLE D	NAME PLYLER, HARRIET	STREET ADDRESS 800 S WILLOW AVENUE	CITY-ST-ZIP TAMPA FL	<input checked="" type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PP	NAME McFarlin, Pamela	STREET ADDRESS 130 E. Davis Blvd	CITY-ST-ZIP Tampa, FL 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE DP	NAME Paul J. Sierra	STREET ADDRESS 7208 Spring Valley Dr.	CITY-ST-ZIP Tampa, FL 33615	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE SD	NAME Jerry Buchanan	STREET ADDRESS 487 Severn Avenue	CITY-ST-ZIP Tampa, FL 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE VP	NAME MARK SIEGEL	STREET ADDRESS 2103 S CURT CIRCLE	CITY-ST-ZIP Tampa, FL 33629	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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: *Pamela McFarlin* 4/1/98 254-5261

CP2E037 (10/97)