



**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 25, 2006 8:00 am**  
**Secretary of State**

05-25-2006 90014 048 \*\*\*\*61.25

<b>DOCUMENT # 770482</b>					
1. Entity 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		40004001	
2. Principal Place of Business		3. Mailing Address		 05162006 Chg-NP CR2E037 (4/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
4. FEI Number 59-2348164		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
MCCURDY, JACK 4701 MELROSE AVE TAMPA, FL 33629		Name: Eric Bergholm Street Address (P.O. Box Number is Not Acceptable): 2415 S. Himes Av c/o H.B. Plant High School City: Tampa FL Zip Code: 33629			
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: <u>Eric E. Bergholm</u> Eric Bergholm, School Principal <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD TANNER, JETT 909 S DAKOTA AVE TAMPA, FL 33603	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Dawn Jones 2401 S. Clark Av Tampa FL 33629	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCCURDY, JACK 4701 W MELROSE AVE TAMPA, FL 33629	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Chris Murnaghan 2904 W Chapin Av Tampa, FL 33611	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD LUE, LAURA 3906 PALMIRA AVE TAMPA, FL 33629	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD John Giordano 1914 S Oakmont St Tampa, FL 33629	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCKEON, TOM 5125 W NEPTUNE WAY TAMPA, FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Ruth Giordano 1914 S. Oakmont St Tampa, FL 33629	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD Anne Temple 2914 Tambay Ave W Tampa FL 33611	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u>Jett B. Tanner</u> 5/16/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					