


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2008 8:00 am
Secretary of State

06-05-2008 90001 041 ****61.25

DOCUMENT # 770482

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**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

05122008 Chg-NP CR2E037 (12/06)

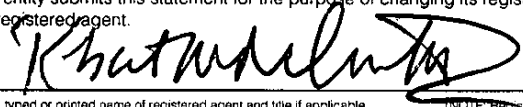
6. Name and Address of Current Registered Agent

**NELSON, ROBERT M III
 2415 SOUTH HIMES AVE
 C/O H.B. PLANT HIGH SCHOOL
 TAMPA, FL 33629**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

Filing Fee is \$61.25 Due by September 12, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	RSD	<input checked="" type="checkbox"/> Delete
NAME	BALDWIN, JENNIFER	
STREET ADDRESS	3605 S. BEACH DR	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RICHARDS, ANITA	
STREET ADDRESS	4211 W. ANGELES CT	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GIORDANO, JOHN	
STREET ADDRESS	1914 SOUTH OAKMONT ST	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GIORDANO, RUTH	
STREET ADDRESS	1914 SOUTH OAKMONT ST	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TEMPLE, ANNE	
STREET ADDRESS	2914 TAMBAY AVE WEST	
CITY-ST-ZIP	TAMPA, FL 33611	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPDD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Loures Alvarez	
STREET ADDRESS	522 Rivera Dr.	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elizabeth Fowler	
STREET ADDRESS	1902 S. Wykagyl St.	
CITY-ST-ZIP	Tampa FL 33629	
TITLE	ATD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pam Menendez	
STREET ADDRESS	429 S. Royal Poiniana Dr	
CITY-ST-ZIP	Tampa, FL 33609	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cindy Ruff	
STREET ADDRESS	4404 W. Beach Park Dr	
CITY-ST-ZIP	Tampa, FL 33609	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lisa Sanders	
STREET ADDRESS	3118 W Fairoaks Ave	
CITY-ST-ZIP	Tampa FL 33611	

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:  **5/13/08 (813) 254-4332**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #