

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90253 020 ****61.25

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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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-2348164**

Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**EDGERTON, BARBARA
2415 S HIMES AVENUE
TAMPA FL 33629**


7. Name and Address of New Registered Agent

Name **WOODROFFE, HENRY**

Street Address (P.O. Box Number is Not Acceptable)
2109 N. DUNDEE ST

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  **HENRY WOODROFFE** DATE **4/29/03**

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

FILE NOW: FEE IS \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	VD SEMEYN, LISA 4307 EMPEDRADO ST TAMPA FL 33629	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOODROFFE, HENRY 2109 N DUNDEE TAMPA FL 33629	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SUTTON, CINDI 160 BISCAYNE AVE TAMPA FL 33606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHERZER, AMY 41 ADALIA AVENUE TAMPA FL 33606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDGERTON, BARBARA 4510 BAY TO BAY BLVD TAMPA FL 33629	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MURPHY, MICHAEL 3503 W SAN JUAN ST TAMPA FL 33629	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOODROFFE, HENRY 2109 N DUNDEE TAMPA FL 33629	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Tanner, JETT 909 DAKOTA TAMPA FL 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, CAROLYN 4705 San Rafael ST. TAMPA FL 33629	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIS-PETRIK, JANICE 191 CORSICA ST TAMPA FL 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PALORI, KAREN 58 LADOGA AVE TAMPA FL 33606	<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 exemption stated in Section 119.07(3)(i), 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:  **MICHAEL MURPHY** DATE **4/29/03** ID **813902.1480**

CR2E037 (10/02)