


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000001228
 1. Entity Name
TAVARES HIGH SCHOOL ATHLETIC BOOSTERS, INC.



Principal Place of Business Mailing Address
603 NORTH NEW HAMPSHIRE AVENUE **603 NORTH NEW HAMPSHIRE AVENUE**
TAVARES, FL 32778 **TAVARES, FL 32778**

DO NOT WRITE IN THIS SPACE



01192004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3457201	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WITSMAN, CHARLES
9741 FAIRWAY CIRCLE
LEESBURG, FL 34788

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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: *Charles Witsman* DATE: 1-19-04

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

Filing Fee is \$61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WATKINS, CRAIG 315 E CROTON WAY HOWEY, FL 34737
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HODGES, WILL 37147 CR 452 EUSTIS, FL 32735
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COGGINS, ELLEN 603 N NEW HAMPSHIRE TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WITSMAN, MR. C 603 N NEW HAMPSHIRE TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATKINS, CRAIG 315 E CROTON WAY HOWEY IN THE HILLS, FL 34737
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARLEY, BARRY 200 BRYAN ST EUSTIS, FL 32726

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 01/29/04-80055-005 70.00

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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: *Craig Watkins* *CRAIG WATKINS* DATE: 1/29/04 DAYTIME PHONE #: 352-324-2561

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