

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90175 021 ****70.00

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



40069506



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

Mailing Address
 603 NORTH NEW HAMPSHIRE AVENUE
 TAVARES, FL 32778

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

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

03202006 Chg-NP CR2E037 (11/05)

4. FEI Number
 59-3457201 Applied For
 Not Applicable

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

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

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 Charles Witsman Charles Witsman 4/24/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

10. Filing Fee is \$61.25 Due by May 1, 2006

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete SMITH, RALPH 111 LAKEVIEW LANE MOUNT DORA, FL 32757	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director Smith, Ralph 111 Lakeview Lane Mt. Dora, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete VP STEPHENSON, SANDRA 33349 SOMERSET DRIVE LEESBURG, FL 34788	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Secretary Brandy Bradley 106 Ridgeview Dr. Eustis, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete S COGGINS, ELLEN 603 N NEW HAMPSHIRE TAVARES, FL 32778	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President Coggins, Ellen 603 N. New Hampshire Ave TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete TD WITSMAN, MR. C 603 N NEW HAMPSHIRE TAVARES, FL 32778	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director Boggus, Wendi 32009 Harris Rd TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete BOD STEPHENSON, ROD 33349 SOMERSET DR LEESBURG, FL 34788	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director Debbie Boggus 41120 State Rd. 19 Wematilla, FL 32784
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete BOD HODGES, WILL 37147 CR 452 EUSTIS, FL 32735	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director David Sawford 603 W. New Hampshire TAVARES, FL 32778

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: Ellen Coggins 4-24-06 352 383 4247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #