


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000005179

1. Entity Name
**PAUL R. WHARTON SR. HIGH SCHOOL ATHLETIC
BOOSTER CLUB, INC.**



Principal Place of Business Mailing Address

**20150 BRUCE B. DOWNS BLVD.
TAMPA, FL 33647** **17802 HICKORY MOSS PLACE
TAMPA, FL 33647 US**

DO NOT WRITE IN THIS SPACE



01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
59-3467400 Not Applicable

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

6. Name and Address of Current Registered Agent

**FREEMAN, PENNEY C
17802 HICKORY MOSS PLACE
TAMPA, FL 33647**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FREEMAN, PENNEY C
STREET ADDRESS	17802 HICKORY MOSS PLACE
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	VP
NAME	CALVIN, FAITH
STREET ADDRESS	15930 ELLSWORTH DRIVE
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	S
NAME	WHITING, VICKI
STREET ADDRESS	17417 HEATHER OAK PLACE
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	T
NAME	KNOWLES, PENNY
STREET ADDRESS	9728 FOX CHAPEL ROAD
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	D
NAME	KNEZEVICH, KATHY J
STREET ADDRESS	8411 AZALEA RIDGE
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	D
NAME	MICHELOTTI, MAREIE
STREET ADDRESS	9205 PINE ISLAND CT.
CITY-ST-ZIP	TAMPA, FL 33647

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IN THIS SPACE**

U00000003501
01/19/04-80059-020 61.25

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: Faith Whidden Calvin 1/7/04 813-966-1538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #