## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000005179

FILED Sep 06, 2005 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 

20150 BRUCE B. DOWNS BLVD. TAMPA, FL 33647

**Current Mailing Address: New Mailing Address:** 

17802 HICKORY MOSS PLACE 9108 WOODRIDGE RUN DRIVE TAMPA, FL 33647 TAMPA, FL 33647 US

FEI Number: 59-3467400 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FREEMAN, PENNEY C WOODEN, MONICA B 17802 HICKORY MOSS PLACE 9108 WOODRIDGE RUN DRIVE

TAMPA, FL 33647 TAMPA, FL 33647 US

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.

SIGNATURE: MONICA B WOODEN 09/06/2005

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

FREEMAN, PENNEY C WOODEN, MONICA B Name: Name: 17802 HICKORY MOSS PLACE Address: 9108 WOODRIDGE RUN DRIVE Address:

City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647

Title: () Delete Title: (X) Change ( ) Addition

CALVIN, FAITH Name: DEBORAH, LI Name:

Address: 15930 ELLSWORTH DRIVE Address: 17814 GREEN WILLOW DRIVE City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647

Title: () Delete Title: (X) Change ( ) Addition

WHITING, VICKI BURCHFIELD, KAREN Name: Name:

17417 HEATHER OAK PLACE 10154 WHISPER POINTE DRIVE Address: Address:

City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647

Title: ( ) Delete Title: (X) Change ( ) Addition KNOWLES, PENNY Name: Name: CALVIN, FAITH

9728 FOX CHAPEL ROAD 15930 ELLSWORTH DRIVE Address: Address:

City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647

Title: () Delete Title: (X) Change ( ) Addition

KNEZEVICH, KATHY J NEWTON, LAURA Name: Name: 230 CULBREATH ROAD 9411 AZALEA RIDGE Address: Address: BROOKSVILLE, FL 34602 City-St-Zip: TAMPA, FL 33647 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition TAYLOR, CHRISTINE MICHELOTTI, MAREIE

Name: Name: Address: 9205 PINE ISLAND CT. Address: 10110 QUEENS PARK DRIVE

TAMPA, FL 33647 TAMPA, FL 33647 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: MONICA B WOODEN 09/06/2005