## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000005179

FILED Apr 10, 2007 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:** 20150 BRUCE B. DOWNS BLVD. 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 ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WOODEN, MONICA B WHARTON HIGH SCHOOL ATHLETIC BOOSTER CLUB 9108 WOÓDRIDGE RUN DRIVE 20150 BRUCE B. DOWNS BLVD. 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: BRUCE KOEHLER 04/10/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Delete () Change () Addition WOODEN, MONICA B Name: Name: 9108 WOODRIDGE RUN DRIVE Address: Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: Title: Title: (X) Change ( ) Addition () Delete DEBORAH, LI Name: CORCORAN, STEVE Name: Address: 17814 GREEN WILLOW DRIVE Address: 10214 THICKET PT. WAY City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647 Title: () Delete Title: (X) Change ( ) Addition BURCHFIELD, KAREN Name: CORCORAN, LAURIE Name: 10154 WHISPER POINTE DRIVE Address: Address: 10214 THICKET PT. WAY City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647 (X) Change ( ) Addition Title: () Delete Title: Name: CALVIN, FAITH Name: KOEHLER, BRUCE 15930 ELLSWORTH DRIVE Address: Address: 3955 EAGLEFLIGHT LANE City-St-Zip: TAMPA, FL 33647 City-St-Zip: LAND O LAKES, FL 34639 Title: (X) Delete Title: () Change () Addition NEWTON, LAURA Name: Name: 230 CULBREATH ROAD Address: Address: City-St-Zip: BROOKSVILLE, FL 34602 City-St-Zip: Title: (X) Delete Title: () Change () Addition TAYLOR, CHRISTINE Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: BRUCE KOEHLER T 04/10/2007

10110 QUEENS PARK DRIVE

TAMPA, FL 33647

Address:

City-St-Zip: