

## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jun 11, 2003 8:00 am Secretary of State

5/1/2

05-01-2003 90804 043 \*\*\*\*61.25

1. Entity Name	THIGH SCHOOL FOUNDAT				5504	45AA		
Principal Place of Business 600 W 26TH ST. RIVIERA BEACH FL 33404		Mailing Address 600 W 28TH ST. RIVIERA BEACH FL 33404				14	J304	7344
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 65-1035370 Applied For Not Applicable			<del></del>
Zip	Country	Zip	<u></u>				Fee Req	Additional ulred
GUNSTER 777 S FLA	STEVEN A , YOAKLEY & STEWART PA  IGLER DR STE 500E  M BEACH FL 33401	,	Name 5a. Street Address (160 160 CityW. fa.	rajone 1	Marell NotAcceptable) Itters+	marell #1101	340 l	
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								
FI	ILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	Florida	e Check Payab Department o	of State
10.	OFFICERS AND DIR		11.	T-1	ADDITIONS/CHANG	ES TO OFFICERS	S AND DIRECTOR	
NAME STREET ADDRESS CITY-ST-ZIP	ERENRICH, CAROL 2324 EMBASSY DR. WEST PALM BEACH FL 33401	☐ Delete	NAME STREE			4_4_	<u> </u>	Addition   Addition
NAME STREET ADDRESS	D Pelton, Charlotte 2396 South Shore Dr. Palm:Beach:Gardens:Fl-:3341	☐ Delete		IT/ YU/	POBOLO			Addition 8
TITLE NAME STREET ADDRESS	D SPITZ, BETH 1026 GRAND ISLE TERRACE PALM BEACH GARDENS FL 3341	☐ Delete		1 7 7 6	/Challipets	1 1		Addition
STREET ADDRESS	T ABRAMSOM, PATRICIA M 13345 MILES STANDESH PALM BCH GARDENS FL 33410	☐ Delete		T ADDRESS ST-ZIP	ovec C			e Addition
NAME STREET ADDRESS CITY-ST-ZIP	·	□ Deletæ	NAME STREE CITY-1	T ADORESS			Chang	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREE CITY-S	T ADDRESS ST-ZIP			Chang	e
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: SIGNATURE: 1803 (51) 627-0245								