

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000001228

**Entity Name:** TAVARES HIGH SCHOOL ATHLETIC BOOSTERS, INC.

**Current Principal Place of Business:**

603 NORTH NEW HAMPSHIRE AVENUE  
TAVARES FL 32778

**Current Mailing Address:**

603 NORTH NEW HAMPSHIRE AVENUE  
TAVARES FL 32778

**FEI Number: 59-3457201**

**Certificate of Status Desired: Yes**

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

WITSMAN, CHARLES  
9741 FAIRWAY CIRCLE  
LEESBURG, FL 34788 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TD  
Name WITSMAN, CHARLES  
Address 603 N NEW HAMPSHIRE  
City-State-Zip: TAVARES FL 32778

Title PD  
Name DELEO, CRAIG  
Address 4783 MARSH HARBOR DRIVE  
City-State-Zip: TAVARES FL 32778

Title VPD  
Name OLSON, JONATHAN  
Address 32132 PERCH AVENUE  
City-State-Zip: TAVARES FL 32778

Title SECRETARY  
Name WITSMAN, CHARLES  
Address 603 NORTH NEW HAMPSHIRE AVENUE  
City-State-Zip: TAVARES FL 32778

*I hereby 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 all other like empowered.*

**SIGNATURE: CHARLES WITSMAN**

**TREASURER/SECRETARY 04/19/2018**

Electronic Signature of Signing Officer/Director Detail

Date