

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2006 8:00 am
Secretary of State

05-25-2006 90014 048 ****61.25

DOCUMENT # 770482					
1. Entity Name THE PLANT HIGH SCHOOL ACADEMIC FOUNDATION, INC.					
Principal Place of Business 2415 S. HIMES AVENUE TAMPA, FL 33629			Mailing Address 2415 S. HIMES AVENUE TAMPA, FL 33629		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2348164	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCCURDY, JACK 4701 MELROSE AVE TAMPA, FL 33629			Name Eric Bergholm Street Address (P.O. Box Number is Not Acceptable) 2415 S. Himes Av c/o H.B. Plant High School City Tampa FL 33629		
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 <u>Eric E. Bergholm</u> Eric Bergholm, School Principal <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME TANNER, JETT STREET ADDRESS 909 S DAKOTA AVE CITY - ST - ZIP TAMPA, FL 33603	<input checked="" type="checkbox"/> Delete		TITLE VD NAME Dawn Jones STREET ADDRESS 2401 S. Clark Av CITY - ST - ZIP Tampa FL 33629	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME MCCURDY, JACK STREET ADDRESS 4701 W MELROSE AVE CITY - ST - ZIP TAMPA, FL 33629	<input checked="" type="checkbox"/> Delete		TITLE TD NAME Chris Murnaghan STREET ADDRESS 2904 W Chapin Av CITY - ST - ZIP Tampa, FL 33611	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE RSD NAME LUE, LAURA STREET ADDRESS 3906 PALMIRA AVE CITY - ST - ZIP TAMPA, FL 33629	<input checked="" type="checkbox"/> Delete		TITLE VD NAME John Giordano STREET ADDRESS 1914 S Oakmont St CITY - ST - ZIP Tampa, FL 33629	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME MCKEON, TOM STREET ADDRESS 5125 W NEPTUNE WAY CITY - ST - ZIP TAMPA, FL 33609	<input type="checkbox"/> Delete		TITLE PD NAME Ruth Giordano STREET ADDRESS 1914 S. Oakmont St CITY - ST - ZIP Tampa, FL 33629	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE RSD NAME Anne Temple STREET ADDRESS 2914 Tambay Ave W CITY - ST - ZIP Tampa FL 33611	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Jett B. Tanner</u> 5/16/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					