

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002207

FILED
Apr 21, 2005
Secretary of State

Entity Name: PALM HARBOR UNIVERSITY HIGH SCHOOL CENTER FOR WELLNESS AND MEDICAL PROFESSIONS BOOSTER CLUB, INC.

Current Principal Place of Business:

1900 OMAHA STREET
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

2872 SEA PINES CIR W.
CLEARWATER, FL 33761

New Mailing Address:

2711 REDFORD COURT EAST
CLEARWATER, FL 33761

FEI Number: 59-3714749

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENTZ, ROBERT L
1900 OMAHA STREET
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HAFLEY, PATRICIA
Address: 2172 NEWBURY COURT
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: COOPER, NANCY
Address: 3630 SHADY LANE
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: BENTZ, ROBERT L
Address: 2872 SEA PINES CR W
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JACOBS, EILEEN D
Address: 2711 REDFORD COURT EAST
City-St-Zip: CLEARWATER, FL 33761

Title: D (X) Change () Addition
Name: BODACK, BETTY
Address: 2210 SPRINGRAIN DRIVE
City-St-Zip: CLEARWATER, FL 33763

Title: D (X) Change () Addition
Name: MICHAELS, MARGARET
Address: 3056 OAK CREEK DRIVE NORTH
City-St-Zip: CLEARWATER, FL 33761

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.

SIGNATURE: EILEEN D. JACOBS

D

04/21/2005

Electronic Signature of Signing Officer or Director

Date