2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 01, 2005
Secretary of State

DOCUMENT# N00000002207

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:

2711 REDFORD COURT EAST
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: 59-3714749 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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:

JACOBS, EILEEN D
2711 REDFORD COURT EAST
CLEARWATER, FL 33761 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: EILEEN D. JACOBS 08/01/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: DINSMORE, KARYN
Address: 3718 WOODRIDGE PLACE
City-St-Zip: PALM HARBOR, FL 34684

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 P 08/01/2005
Electronic Signature of Signing Officer or Director Date