## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000002207

Apr 24, 2006 Secretary of State

Entity Name: PALM HARBOR UNIVERSITY HIGH SCHOOL CENTER FOR WELLNESS AND MEDICAL PROFESSIONS

BOOSTER CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

1900 OMAHA STREET PALM HARBOR, FL 34683

Current Mailing Address: New Mailing Address:

2711 REDFORD COURT EAST P O BOX 1009

CLEARWATER, FL 33761 CRYSTAL BEACH, FL 34681

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

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

JACOBS, EILEEN D WARREN, LUCINDA J 2711 REDFORD COURT EAST 513 N. MAYO ST

CLEARWATER, FL 33761 US CRYSTAL BEACH, FL 34681 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: LUCINDA J. WARREN 04/24/2006

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D ()Delete Title: D/P (X)Change ()Addition

Name: JACOBS, EILEEN D Name: WARREN, LUCÍNDA J

Address: 2711 REDFORD COURT EAST Address: P O BOX 1009
City-St-Zip: CLEARWATER, FL 33761 City-St-Zip: CRYSTAL BEACH, FL 34681

Title: D ( ) Delete Title: D/S (X) Change ( ) Addition Name: BODACK, BETTY Name: KAGAY, MARCIA

 Name:
 BODACK, BETTY
 Name:
 KAGAY, MARCIA

 Address:
 2210 SPRINGRAIN DRIVE
 Address:
 2299 LAGOON DRIVE

 City-St-Zip:
 CLEARWATER, FL 33763
 City-St-Zip:
 DUNEDIN, FL 34698

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad (\ ) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf D/T} \qquad ({\sf X}) \, {\sf Change} \, (\ ) \, {\sf Addition}$ 

 Name:
 DINSMORE, KARYN
 Name:
 MAGUIRE, SUSAN

 Address:
 3718 WOODRIDGE PLACE
 Address:
 2027 SWAN LANE

 City-St-Zip:
 PALM HARBOR, FL 34684
 City-St-Zip:
 PALM HARBOR, FL 34683

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: LUCINDA J. WARREN D/P 04/24/2006