


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 16, 2005 8:00 am
Secretary of State

08-16-2005 90041 028 ****61.25

DOCUMENT # N02000007829 1. Entity Name LIBERTY MIDDLE SCHOOL CHORUS BOOSTERS, INC.	
--	---

Principal Place of Business 17400 COMMERCE PARK BLVD. TAMPA, FL 33647	Mailing Address 17400 COMMERCE PARK BLVD. TAMPA, FL 33647
---	---

50061922



04222005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 68-0525267	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**TETLOW, ALFRED J.
600 MADISON ST.
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

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.

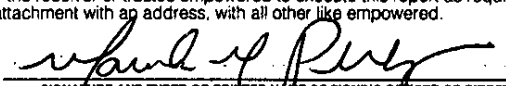
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, MARIELA 14844 OAK VINE DRIVE LUTZ, FL 33559
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONTOOMERY, JODIE Kathy Whitaker 17312 OAK LEDGE DR 8501 Portage Ave. LUTZ, FL 33549 Tampa, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KAREN, DIPASQUALE marlene Nalezny 5125 PALM SPRINGS BLVD., #1207 19118 Autumnwood Ave. TAMPA, FL 33647 Tampa, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAWN, FRAZEE marlene Nalezny 10101 ROSEWOOD CREEK WAY TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #