

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 28, 2004 8:00 am**  
**Secretary of State**

06-28-2004 90011 003 \*\*\*\*61.25

<b>DOCUMENT # N03000005365</b> 1. Entity Name <b>FREEDOM HIGH SCHOOL CHORAL BOOSTERS, INC.</b>					
Principal Place of Business <b>17410 COMMERCE PARK BLVD. TAMPA, FL 33647</b>			Mailing Address <b>17410 COMMERCE PARK BLVD. TAMPA, FL 33647</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>05-0545575</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>PATTON, LISA 806 LINWOOD TERRACE LUTZ, FL 33549</b>				7. Name and Address of New Registered Agent Name <b>Sharon L. Morris</b> Street Address (P.O. Box Number is Not Acceptable) <b>412 Duque Road</b> City <b>Lutz, FL</b> Zip Code <b>33549</b>	
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: <b>Sharon L. Morris</b> DATE: <b>6-23-04</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).)</small>					
Filing Fee is \$61.25 Due by September 8, 2004		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 NAME STREET ADDRESS CITY - ST - ZIP	V PATTON, LISA 806 LINWOOD TERRACE LUTZ, FL 33549	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P- Sharon L. Morris 412 Duque Road Lutz, Florida 33549	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CUNNINGHAM, SHEILA 7823 CAPWOOD AVE. TEMPLE TERRACE, FL 33617	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Connie Hoffman 17534 Shadyside Circle Lutz, Florida 33549	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <b>Sharon L. Morris</b> <b>Sharon L. Morris</b> <b>6-23-04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

**54059098**



06072004 Chg-NP CR2E037 (10/03)