

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

03-21-2006 90009 048 *****8.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N03000006086		
1. Entity Name NORTH PORT HIGH SCHOOL FOUNDATION, INC.		

Principal Place of Business 6400 WEST PRICE BLVD. NORTH PORT FL 34287	Mailing Address 6400 WEST PRICE BLVD. NORTH PORT FL 34287
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **42-1625128** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DELLER, JANICE 6400 WEST PRICE BLVD. NORTH PORT FL 34287	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 *Janice Deller* DATE 3/2/06
Signature is typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete KENNEDY, GEORGE 6400 WEST PRICE BLVD. NORTH PORT FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete LOWER, KATHY 4529 PALISADES AVE. NORTH PORT FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DELLER, JANICE 6728 DENNISON AVE. NORTH PORT FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Janice Deller* DATE 3/2/06 423.8558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #