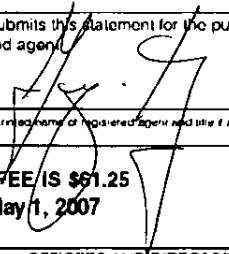
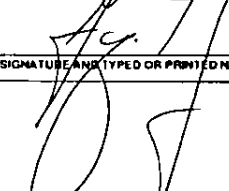


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2007 8:00 am
Secretary of State

02-13-2007 90045 032 ****61.25

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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 42-1625128	
				Applied For ☐ \$8.75 Additional Fee Required ☐ Not Applicable	
6. Name and Address of Current Registered Agent REDENBO DELLER, JANICE 6400 WEST PRICE BLVD. NORTH PORT FL 34287				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  GEORGE F. KENNEY				DATE 3-5-07	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)				DATE	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	KENNEY, GEORGE		NAME		
STREET ADDRESS	6400 WEST PRICE BLVD.		STREET ADDRESS		
CITY-STATE-ZIP	NORTH PORT FL 34287		CITY-STATE-ZIP		
TITLE	D	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	LOWER, KATHY		NAME		
STREET ADDRESS	4529 PALISADES AVE		STREET ADDRESS		
CITY-STATE-ZIP	NORTH PORT FL 34287		CITY-STATE-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	REDENBO DELLER, JANICE		NAME		
STREET ADDRESS	6728 DENNISON AVE.		STREET ADDRESS		
CITY-STATE-ZIP	NORTH PORT FL 34287		CITY-STATE-ZIP		
TITLE	ASSISTANT PRINCIPAL	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PAUL PAQUETTE		NAME		
STREET ADDRESS	6400 W PRICE BLVD		STREET ADDRESS		
CITY-STATE-ZIP	NORTH PORT FL 34287		CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
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:  GEORGE F. KENNEY				Date 3-5-07 941-423-8558	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	