

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000006360

1. Entity Name

MT. PLEASANT STANDARD BASE MIDDLE SCHOOL,
INC.



Principal Place of Business

2002 N. ROME AVENUE
N/A
TAMPA, FL 33607 US

Mailing Address

P.O. BOX 4729
N/A
TAMPA, FL 33607 US

DO NOT WRITE IN THIS SPACE



02062007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

65-1901018

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOWERS, DAVID L
7108 FLOUNDER DRIVE
TAMPA, FL 33607

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000644432
03/02/07-80042-001 61.25

10. OFFICERS AND DIRECTORS

TITLE	CHAI
NAME	KINSEY, RANDOLPH --
STREET ADDRESS	4201 UNION ST.
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	V-C
NAME	KIRKLAND, C. T. --
STREET ADDRESS	1315 FLAXWOOD AVENUE
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	SEC
NAME	GAINES, STEPHANIE V -
STREET ADDRESS	1012 ENGLISH BLUFFS COURT
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	TREA
NAME	COLLINS, CAROLYN --
STREET ADDRESS	4002 W. LASALLE ST.
CITY-ST-ZIP	TAMPA, FL 33607

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Office Phone #

Randolph Kinsey **Randolph Kinsey** **2/6/07**