

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

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90048 001 ****61.25

DOCUMENT # N04000007557

1. Entity Name

TCS MUSIC BOOSTERS, INC



Principal Place of Business

P.O. BOX 292882
TEMPLE TERRACE FL 33687-2882

Mailing Address

P.O. BOX 292882
TEMPLE TERRACE FL 33687-2882

2. Principal Place of Business - No P.O. Box #

4501 E. Fowler Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Zip

Country

Zip

Country

4. FEI Number

20-1436389

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRIS, RUTH H
4801 EAST FOWLER AVENUE
TAMPA FL 33617

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

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

(NOTE: Registered Agent signature required when resigning)

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

TITLE	P	<input type="checkbox"/> Delete
NAME	SPENCER, KELLY	
STREET ADDRESS	POB 292882	
CITY - ST - ZIP	TAMPA FL 33687	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SPENCER, KELLY A	
STREET ADDRESS	P.O. BOX 292882	
CITY - ST - ZIP	TAMPA FL 33687	
TITLE	T	<input type="checkbox"/> Delete
NAME	FRITCH, JENNIFER	
STREET ADDRESS	P.O. BOX 292882	
CITY - ST - ZIP	TAMPA FL 33687	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WOLFSON, NINA G	
STREET ADDRESS	P.O. BOX 292882	
CITY - ST - ZIP	TAMPA FL 33687	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - 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:

Jennifer Fritch Treasurer/Sec 813 961-1101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/22/07 Daytime Phone #