## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N46230

FILED May 23, 2006 Secretary of State

Entity Name: H.B. PLANT HIGH SCHOOL CHORUS BOOSTERS CLUB, INC.

Current Principal Place of Business: New	Principal Place of Business:
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2415 S HIMES AVE TAMPA, FL 33629

Current Mailing Address: New Mailing Address:

2415 S HIMES AVE TAMPA, FL 33629

FEI Number: 59-3095270 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BERGHOLM, ERIC 2415 S. HIMES AVE. TAMPA, FL 33629 US

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.

SIGNATURE:

Clarkers is Circumstance of Decisions of Assert

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: YOST, BRUCE D (X) Change ( ) Addition Name: YOST, BRUCE

 Name:
 1001; BROCE

 Address:
 2415 S. HIMES

 City-St-Zip:
 TAMPA, FL

 City-St-Zip:
 TAMPA, FL

 33629

Title: TD ( ) Delete Title: TD (X) Change ( ) Addition Name: WOODROFFE, HENRY Name: ROBERTSON, JANET

 Name
 WOODROFFE, HEINRY
 Name
 ROBERTSON, SAN

 Address:
 2109 N DUNDEE
 Address:
 59 MARTINIQUE

 City-St-Zip:
 TAMPA, FL 33629
 City-St-Zip:
 TAMPA, FL 33606

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 CROSBY, SUZANNE
 Name:
 BARTLETT, ANNE

 Address:
 3419 S VIRGINIA CT
 Address:
 560 W. DAVIS BLVD.

 City-St-Zip:
 TAMPA, FL 33629
 City-St-Zip:
 TAMPA, FL 33606

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 CHASE, ROXANNA
 Name:
 KELLY, SUZAN

 Address:
 3112 W CASS ST
 Address:
 3109 W. OAKLYN AVE.

 City-St-Zip:
 TAMPA, FL 33609
 City-St-Zip:
 TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE YOST D 05/23/2006