

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N46230

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



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

Mailing Address
2415 S HIMES AVE
TAMPA, FL 33629

DO NOT WRITE IN THIS SPACE

FILED

2008 SEP 16 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3095270	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERGHELM, ERIC Nelson, Robert
2415 S. HIMES AVE.
TAMPA, FL 33629

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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 reinstating)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

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

200136106112
18/08-01047--013 **70.00

10. OFFICERS AND DIRECTORS

TITLE: D
NAME: YOST, BRUCE
STREET ADDRESS: 2415 S. HIMES
CITY-ST-ZIP: TAMPA, FL 33629

TITLE: TD
NAME: ROBERTSON, JANET
STREET ADDRESS: 59 MARTINIQUE
CITY-ST-ZIP: TAMPA, FL 33606

TITLE: PD
NAME: BARTLETT, ANNE
STREET ADDRESS: 560 W. DAVIS BLVD.
CITY-ST-ZIP: TAMPA, FL 33606

TITLE: VD
NAME: KELLY, SUZAN
STREET ADDRESS: 3109 W. OAKLYN AVE.
CITY-ST-ZIP: TAMPA, FL 33609

TITLE: TO
NAME: Carolyn Greene
STREET ADDRESS: 122 martinique ave
CITY-ST-ZIP: TAMPA FL 33606

TITLE: QD
NAME: Susan Merrill
STREET ADDRESS: 3101 Oaklyn Ave
CITY-ST-ZIP: Tampa FL 33609

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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

9/11/08

Daytime Phone #