

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46230

FILED
Mar 30, 2009
Secretary of State

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

Current Principal Place of Business:

2415 S HIMES AVE
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

2415 S HIMES AVE
TAMPA, FL 33629

New Mailing Address:

FEI Number: 59-3095270

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

YOST, BRUCE B
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: BRUCE S. YOST

03/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: YOST, BRUCE
Address: 2415 S. HIMES
City-St-Zip: TAMPA, FL 33629

Title: TD () Delete
Name: GREENE, CAROLYN
Address: 122 MARTINIQUE AVE
City-St-Zip: TAMPA, FL 33606

Title: PD () Delete
Name: BARTLETT, ANNE
Address: 560 W. DAVIS BLVD.
City-St-Zip: TAMPA, FL 33606

Title: VD () Delete
Name: MERRILL, SUSAN
Address: 3101 OAKLYN AVE
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CAROLYN T. GREENE

TD

03/30/2009

Electronic Signature of Signing Officer or Director

Date