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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003450 (4)

1. Corporation Name

PLANT HIGH SCHOOL ATHLETIC BOOSTER CLUB, INC.



Principal Place of Business

**3418 W. OBISPO ST.
BOX 18483
TAMPA FL 33629-7915**

Mailing Address

**P O BOX 18483
BOX 18483
TAMPA FL 33679-483
US**

3. Date Incorporated or Qualified

07/28/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

P.O. BOX 18483

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

TAMPA FL

Zip

Country

24

25

29

33629-7915

30

FL 33679-483

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ELLIOTT, RAY E
3418 W. OBISPO ST.
BOX 18483
TAMPA FL 33629-7915**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **ELLIOTT, RAY E**
STREET ADDRESS **3418 W. OBISPO ST., BOX 18483**
CITY-STATE-ZIP **TAMPA FL**

1.1 TITLE **T/D** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE **TD** ☐ DELETE
NAME **PELAEZ, EVARISTO III**
STREET ADDRESS **3812 W. GRAY ST.**
CITY-STATE-ZIP **TAMPA FL**

2.1 TITLE **P/D** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE **D** ☐ DELETE
NAME **TRENT, JAMES**
STREET ADDRESS **4201 W. WATROUS AVE.**
CITY-STATE-ZIP **TAMPA FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **110 S. GLEN AVE**
3.4 CITY-STATE-ZIP **TAMPA FL**

TITLE **VD** ☐ DELETE
NAME **ROTHENBERG, MARY S**
STREET ADDRESS **1817 BAYSHORE BLVD.**
CITY-STATE-ZIP **TAMPA FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE **PD** ☐ DELETE
NAME **PELAEZ, DEBRA**
STREET ADDRESS **3812 W. GRAY ST.**
CITY-STATE-ZIP **TAMPA FL**

5.1 TITLE **S/D** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE **S** ☒ DELETE
NAME **MCALISTER, JAMES**
STREET ADDRESS **4211 BAY VISTA AV**
CITY-STATE-ZIP **TAMPA FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **RAY E. ELLIOTT**
RAY E. ELLIOTT - TREASURER

1-18-96 **813-837-9680**
Date Daytime Phone #

CR2E037 (12/95)