


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

Mailing Address

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

P.O. BOX 18483
BOX 18483
TAMPA FL 33679-8483
US

2. Principal Place of Business

2a. Mailing Address

21 **3418 W. OBISPO ST.**

26 **P.O. BOX 18483**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **TAMPA FL**

28 **TAMPA FL**

Zip

Country

Zip

Country

24 **33629-7915**

25 **Hillsborough**

29 **33679-8483**

30 **Hillsborough**

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

DELETE

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 **TD** ☐ DELETE

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

TITLE **PD** ☐ DELETE

NAME **PELAEZ, EVARISTO III**
STREET ADDRESS **3812 W. GRAY ST.**
CITY-ST-ZIP **TAMPA FL**

TITLE **VD** ☐ DELETE

NAME **TRENT, JAMES**
STREET ADDRESS **110 S. GLEN AVE.**
CITY-ST-ZIP **TAMPA FL**

TITLE **SD** ☐ DELETE

NAME **PELAEZ, DEBRA**
STREET ADDRESS **3812 W. GRAY ST.**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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**

1-15-98

813-837-9680

CR2E037 (10/97)