

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000005508

1. Entity Name

LARGO HIGH CHORAL BOOSTERS, INC.



Principal Place of Business

LARGO HIGH SCHOOL CHORUS
410 N MISSOURI AVE
LARGO, FL 33770 US

Mailing Address

LARGO HIGH CHORUS ATTN: C.W. RENFROE
410 N. MISSOURI AVE.
LARGO, FL 33770 US



03212006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3231717

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEIKAM, DIANE
418 6TH AVE SW
LARGO, FL 33770

**DO NOT WRITE
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

Diane Leikam

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

(NOTE: Registered Agent signature required when reinstating)

3/21/06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10.

OFFICERS AND DIRECTORS

TITLE	PD
NAME	JACOBSMEYER, TIM
STREET ADDRESS	2119 GEORGIANA
CITY-ST-ZIP	LARGO, FL 33774
TITLE	SD
NAME	BURRELL, CHERYL
STREET ADDRESS	2833 52ND WAY N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710
TITLE	TD
NAME	LEIKAM, DIANE
STREET ADDRESS	418 5TH AVE SW
CITY-ST-ZIP	LARGO, FL 33770
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/06-80034-011 61.25

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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:

Diane Leikam

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/06 727-559-0878

Date

Daytime Phone #