## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Apr 04, 2007 8:00 am Secretary of State DOCUMENT # N93000005508 04-04-2007 90176 016 \*\*\*\*61.25 LARGO HIGH CHORAL BOOSTERS, INC. Principal Place of Business Mailing Address LARGO HIGH SCHOOL CHORUS LARGO HIGH CHORUS ATTN: C.W. RENFROE Theabilly 410 N MISSOURI AVE 410 N. MISSOURI AVE. LARGO, FL 33770 LARGO, FL 33770 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03122007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-3231717 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEIKAM, DIANE 418 5TH AVE SW. Street Address (P.O. Box Number is Not Acceptable) LARGO, FL 33770<sup>5</sup> City Zip Code 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** stered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD President Change TITLE Delete TITLE Addition Burrell, Cheryl 2833-52nd Way N. JACOBSMEYER, TIM NAME NAME 2119 GEORGIANA STREET ADORESS STREET ADDRESS LARGO, FL 33774 CITY-ST-ZIP CITY-ST-ZIP T. Petersburg. Secretary ☐ Change Addition TITLE TITLE Delete BURRELL, CHERYL NAME NAME Chuck Burrel 2833 52ND WAY N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG, FL 33710 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition LEIKAM, DIANE NAME NAME 418 5TH AVE SW STREET ADDRESS STREET ADDRESS LARGO, FL 33770 CITY-ST-ZIP CITY-ST-7IP · Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

OFFICER OR DIRECTOR