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May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N94000002447 (0)

1. Corporation Name  
TITUSVILLE HIGH SCHOOL ACADEMIC BOOSTERS, INC.



Principal Place of Business: TITUSVILLE HIGH SCHOOL, 150 TERRIER PLACE, TITUSVILLE FL 32780

Mailing Address: TITUSVILLE HIGH SCHOOL, 150 TERRIER PLACE, TITUSVILLE FL 32780

3. Date Incorporated or Qualified: 05/13/1994  
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21-24): TITUSVILLE HIGH SCHOOL, 150 TERRIER PLACE, TITUSVILLE FL 32780

2a. Mailing Address (25-28): TITUSVILLE HIGH SCHOOL, 150 TERRIER PLACE, TITUSVILLE FL 32780

4. FEI Number: 59-3216210  
Applied For: Not Applicable

5. Certificate of Status Desired:  Yes  No \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  Yes  No \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: TULLEY, JAMES H JR., TITUSVILLE HIGH SCHOOL, 150 TERRIER PLACE, TITUSVILLE FL 32780

10. Name and Address of New Registered Agent (81-85):

81 Name: TULLEY, JAMES H JR.  
82 Street Address (P.O. Box Number is Not Acceptable): TITUSVILLE HIGH SCHOOL, 150 TERRIER PLACE  
83 City: TITUSVILLE  
84 City: TITUSVILLE FL 32780  
85 Zip Code: 32780

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TULLEY, JAMES H JR.	
STREET ADDRESS	1305 RANCHERO AVENUE	
CITY - ST - ZIP	TITUSVILLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	STEFANOV, JAMES T.	
STREET ADDRESS	3020 SANDALWOOD LANE	
CITY - ST - ZIP	TITUSVILLE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	JARRIS, GLENDA	
STREET ADDRESS	2745 KNOX MCRAE	
CITY - ST - ZIP	TITUSVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCELRAETH, CAROL	
STREET ADDRESS	2535 CHESTERFIELD CT.	
CITY - ST - ZIP	TITUSVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEE, FRANCES L.	
STREET ADDRESS	3525 SABLE PALM LANE #C	
CITY - ST - ZIP	TITUSVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Green, Richard	
1.3 STREET ADDRESS	3900 Bramblewood Ln	
1.4 CITY - ST - ZIP	Titusville, FL 32780	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Tulley James H. Jr.	
4.3 STREET ADDRESS	1305 Ranchero Avenue	
4.4 CITY - ST - ZIP	Titusville, FL 32780	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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: Richard Green DATE: 4-22-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: RICHARD GREEN 269-6863  
Date: 4-22-97 Daytime Phone #: 0077824

CR2E037 (9/96)