

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90086 044 ****61.25

DOCUMENT # N95000001602					
1. Entity Name TAMPA BAY TECHNICAL HIGH SCHOOL PARENTS BOOSTER CLUB, INC.					
Principal Place of Business 6410 ORIENT ROAD TAMPA, FL 33610			Mailing Address 6410 ORIENT ROAD TAMPA, FL 33610		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3330734	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WOODS, BRAD 6410 ORIENT ROAD TAMPA, FL 33610			Name <u>DERRICK GAINES</u> Street Address (P.O. Box Number is Not Acceptable) <u>6410 ORIENT ROAD</u> <u>TAMPA</u> City <u>FL</u> Zip Code <u>33511</u>		
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 <u>Derrick Gaines</u>			DATE <u>4/11/05</u>		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE P	NAME TRICKEY, TOB		<input checked="" type="checkbox"/> Delete		TITLE P
STREET ADDRESS 6410 ORIENT ROAD	CITY-ST-ZIP TAMPA, FL 33610		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		NAME Cindy Rasmussen
TITLE T	NAME CARLOCK, KATHI		<input type="checkbox"/> Delete		STREET ADDRESS 11616 Grove Arcade Dr
STREET ADDRESS 5411 RIVERHILLS DR	CITY-ST-ZIP TEMPLE TERRACE, FL 33617		<input type="checkbox"/> Change <input type="checkbox"/> Addition		Riverview, FL 33569
TITLE SD	NAME HERLOVICH, SHARON		<input checked="" type="checkbox"/> Delete		TITLE SD
STREET ADDRESS 8713 CHRIST COURT	CITY-ST-ZIP TAMPA, FL 33637		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		NAME Sue-Water
TITLE 	NAME 		<input type="checkbox"/> Delete		STREET ADDRESS 10505 N. Sassafras St
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		Temple Terrace, FL 33617
TITLE 	NAME 		<input type="checkbox"/> Delete		TITLE
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME
TITLE 	NAME 		<input type="checkbox"/> Delete		STREET ADDRESS
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		CITY-ST-ZIP
12. 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 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: <u>Kathi Carlock</u>			DATE <u>4/11/05</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # <u>813-988-3561</u>		