

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90179 039 ****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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3330734

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GAINES, DERRICK
6410 ORIENT ROAD
TAMPA FL 33511**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete
NAME **CARLOCK, KATHI**
STREET ADDRESS **5411 RIVERHILLS DR**
CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

P ☒ Delete
TITLE
NAME **RASMUSSE, CINDY**
STREET ADDRESS **11616 GROVE ARCADES DR**
CITY-ST-ZIP **RIVERVIEW FL 33569**

SD ☒ Delete
TITLE
NAME **WOUTEN, SUE**
STREET ADDRESS **10505 N SASSAFRAS ST**
CITY-ST-ZIP **TAMPA FL 33617**

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T ☐ Change ☒ Addition
NAME **Sandra R. Barnes**
STREET ADDRESS **2336 mercy Circle S.**
CITY-ST-ZIP **Seffner, FL 33524**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition
TITLE **Secretary**
NAME **Rebecca G. McAnallen**
STREET ADDRESS **1731 Tarah Trace Dr**
CITY-ST-ZIP **Brandon FL 33510**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Derrick Gaines*

4/3/06