


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 08:00**  
**Secretary of State**

<b>DOCUMENT # N95000001602</b>	
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
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DO NOT WRITE IN THIS SPACE



04272007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3330734	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GAINES, DERRICK  
6410 ORIENT ROAD  
TAMPA, FL 33511

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARNES, SANDRA R 2336 MERRILY CIR S. SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCANALLEN, REBBECA G 1731 TARAH TRACE DR BRANDON, FL 33510
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05/23/07-80086-020 61.25

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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:** Sandra R. Barnes Sandra R. Barnes 4/27/07 813.314.5210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #