

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 07, 2006 8:00 am**  
**Secretary of State**

08-07-2006 90040 030 \*\*\*\*61.25

**DOCUMENT # N96000003427**

1. Entity Name  
**TATE HIGH SCHOOL CHEER ASSOCIATION, INC.**



Principal Place of Business  
**1771 TATE ROAD  
CANTONMENT, FL 32533 US**

Mailing Address  
**P.O. BOX 665  
GONZALEZ, FL 32560 US**

**50024371**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05152006 Chg-NP CR2E037 (4/06)

City & State

City & State

4. FEI Number  
**59-3398640**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLANCHETTE, RHONDA  
2720 SANDICREST DRIVE  
CANTONMENT, FL 32533**

Name **JOY NORTON**

Street Address (P.O. Box Number is Not Acceptable)  
**1372 WOODFIELD DR.**

City **CANTONMENT**

FL

Zip Code  
**32533**

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 *Joy Norton* **JOY NORTON TREASURER** **5/15/06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**Filing Fee is \$61.25  
Due by September 6, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☒ Delete  
NAME **NORTON, JOY**  
STREET ADDRESS **1372 WOODFIELD DRIVE**  
CITY-ST-ZIP **CANTONMENT, FL 32533**

TITLE **VP** ☒ Change ☐ Addition  
NAME **Starla Reid**  
STREET ADDRESS **538 Pinebrook Cir.**  
CITY-ST-ZIP **CANTONMENT, FL. 32533**

TITLE **S** ☒ Delete  
NAME **WILCOX, ANGELA**  
STREET ADDRESS **1013 BUSHWOOD DRIVE**  
CITY-ST-ZIP **CANTONMENT, FL 32533**

TITLE **S** ☒ Change ☐ Addition  
NAME **Ingrid Bailey**  
STREET ADDRESS **1015 Brandermill**  
CITY-ST-ZIP **Cantonment, FL. 32533**

TITLE **T** ☒ Delete  
NAME **BLANCHETTE, RHONDA**  
STREET ADDRESS **2720 SANDICREST DRIVE**  
CITY-ST-ZIP **CANTONMENT, FL 32533**

TITLE **T** ☒ Change ☐ Addition  
NAME **JOY NORTON**  
STREET ADDRESS **1372 WOODFIELD DR.**  
CITY-ST-ZIP **CANTONMENT, FL. 32533**

TITLE **P** ☒ Delete  
NAME **TEKEL, KIM**  
STREET ADDRESS **419 MAYBERRY STREET**  
CITY-ST-ZIP **CANTONMENT, FL 32533**

TITLE **P** ☒ Change ☐ Addition  
NAME **John Townsend**  
STREET ADDRESS **1536 Silver Ridge DR.**  
CITY-ST-ZIP **CANTONMENT, FL. 32533**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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: *Joy Norton* **8/2/06** **850-501-3190**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #