

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000001228

1. Entity Name
TAVARES HIGH SCHOOL ATHLETIC BOOSTERS, INC.



Principal Place of Business
**603 NORTH NEW HAMPSHIRE AVENUE
TAVARES, FL 32778**

Mailing Address
**603 NORTH NEW HAMPSHIRE AVENUE
TAVARES, FL 32778**



01192004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3457201

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WITSMAN, CHARLES
9741 FAIRWAY CIRCLE
LEESBURG, FL 34788**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-19-04

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WATKINS, CRAIG
STREET ADDRESS	315 E CROTON WAY
CITY-ST-ZIP	HOWEY, FL 34737
TITLE	VPD
NAME	HODGES, WILL
STREET ADDRESS	37147 CR 452
CITY-ST-ZIP	EUSTIS, FL 32735
TITLE	S
NAME	COGGINS, ELLEN
STREET ADDRESS	603 N NEW HAMPSHIRE
CITY-ST-ZIP	TAVARES, FL 32778
TITLE	TD
NAME	WITSMAN, MR. C
STREET ADDRESS	603 N NEW HAMPSHIRE
CITY-ST-ZIP	TAVARES, FL 32778
TITLE	D
NAME	WATKINS, CRAIG
STREET ADDRESS	315 E CROTON WAY
CITY-ST-ZIP	HOWEY IN THE HILLS, FL 34737
TITLE	D
NAME	FARLEY, BARRY
STREET ADDRESS	200 BRYAN ST
CITY-ST-ZIP	EUSTIS, FL 32726

U000000020181
01/29/04-80055-005 70.00

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IN THIS SPACE**

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:

Craig Watkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/29/04 352-324-2561

Daytime Phone #