# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2006 8:00 am**
**Secretary of State**

04-28-2006 90175 021 ****70.00

40069506

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

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

03202006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3457201 — Applied For / Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WITSMAN, CHARLES
9741 FAIRWAY CIRCLE
LEESBURG, FL 34788

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 Charles Witsman Charles Witsman 4/24/06
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 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE | P | [X] Delete | TITLE Director | [X] Change [X] Addition |
| NAME | SMITH, RALPH | | NAME Smith, Ralph | |
| STREET ADDRESS | 111 LAKEVIEW LANE | | STREET ADDRESS 111 Lakeview Lane | |
| CITY-ST-ZIP | MOUNT DORA, FL 32757 | | CITY-ST-ZIP Mt. Dora, FL 32757 | |
| TITLE | VP | [X] Delete | TITLE Secretary | [ ] Change [X] Addition |
| NAME | STEPHENSON, SANDRA | | NAME Brandy Bradley | |
| STREET ADDRESS | 33349 SOMERSET DRIVE | | STREET ADDRESS 10le Ridgeview Dr. | |
| CITY-ST-ZIP | LEESBURG, FL 34788 | | CITY-ST-ZIP Eustis, FL 32726 | |
| TITLE | S | [X] Delete | TITLE President | [X] Change [ ] Addition |
| NAME | COGGINS, ELLEN | | NAME Coggins Ellen | |
| STREET ADDRESS | 603 N NEW HAMPHIRE | | STREET ADDRESS 603 N. New Hampshire Ave | |
| CITY-ST-ZIP | TAVARES, FL 32778 | | CITY-ST-ZIP Tavares, FL 32778 | |
| TITLE | TD | [ ] Delete | TITLE Director | [ ] Change [X] Addition |
| NAME | WITSMAN, MR. C | | NAME Boggus, Wendi | |
| STREET ADDRESS | 603 N NEW HAMPSHIRE | | STREET ADDRESS 32009 Harris Rd | |
| CITY-ST-ZIP | TAVARES, FL 32778 | | CITY-ST-ZIP Tavares, FL 32778 | |
| TITLE | BOD | [X] Delete | TITLE Director | [ ] Change [X] Addition |
| NAME | STEPHENSON, ROD | | NAME Debbie Boggus | |
| STREET ADDRESS | 33349 SOMERSET DR | | STREET ADDRESS 41120 State Rd. 19 | |
| CITY-ST-ZIP | LEESBURG, FL 34788 | | CITY-ST-ZIP Umatilla, FL 32784 | |
| TITLE | BOD | [X] Delete | TITLE Director | [ ] Change [X] Addition |
| NAME | HODGES, WILL | | NAME David Sanford | |
| STREET ADDRESS | 37147 CR 452 | | STREET ADDRESS 603 W. New Hampshire | |
| CITY-ST-ZIP | EUSTIS, FL 32735 | | CITY-ST-ZIP Tavares, FL 32778 | |

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:** Ellen Coggins 4-24-06 352 383 4247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #