


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000004119 1. Entity Name TAVARES HIGH SCHOOL ACADEMIC BOOSTERS, INC.	
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Principal Place of Business 603 NORTH NEW HAMPSHIRE AVE TAVARES, FL 32778	Mailing Address 603 NORTH NEW HAMPSHIRE AVE TAVARES, FL 32778
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DO NOT WRITE IN THIS SPACE



02022004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	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 BOGGUS, DEBORAH 41120 ST RD 19 UMATILLA, FL 32784	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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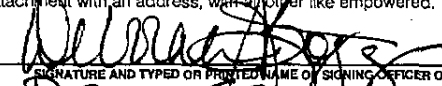
Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD KENNARD, ANDREA 103 E GIVENS TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BOGGUS, DEBORAH 41120 ST RD 19 UMATILLA, FL 32784
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SCOTT, CINDY 28121 TAMMI DR TAVARES, FL 32778
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/06/04-80033-002 61.25

**DO NOT WRITE
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 another like empowered.

SIGNATURE:  DEBORAH J. BOGGUS	2/2/04 Date	352 988-0028 Daytime Phone #
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