

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90098 047 ****61.25

DOCUMENT # N97000004119					
1. Entity Name TAVARES HIGH SCHOOL ACADEMIC BOOSTERS, INC.					
Principal Place of Business 603 NORTH NEW HAMPSHIRE AVE TAVARES, FL 32778			Mailing Address 603 NORTH NEW HAMPSHIRE AVE TAVARES, FL 32778		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BOGGUS, DEBORAH 41120 ST RD 19 UMATILLA, FL 32784			Name <u>DARLENE SHIPLEY</u> Street Address (P.O. Box Number is Not Acceptable) <u>603 N. NEW HAMPSHIRE AVE</u> City <u>TAVARES</u> <u>FL</u> <u>32778</u>		
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 <u><i>Darlene S. Shipley</i></u> Signature, typed or printed name of registered agent and title if applicable.			DATE <u>4/06/06</u> Registered Agent signature required when reinstating.		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	CD WATKINS, BONNIE 315 E CROTON WAY HOWEY IN THE HILLS, FL 34737 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FELICIA SHELTON 3820 BAYSHORE CIRCLE TAVARES, FL 32778 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOGGUS, DEBORAH 41120 ST RD 19 UMATILLA, FL 32784 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DARLENE SHIPLEY 603 N. NEW HAMPSHIRE AVE TAVARES, FL 32778 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FISCHER, JAYNE 10312 JOANIE'S LEESBURG, FL 34788 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIANA SMITH 603 N. NEW HAMPSHIRE AVE TAVARES, FL 32778 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Darlene S. Shipley</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE <u>4/6/06</u> DAYTIME PHONE # <u>352) 552-1629</u>		
<u>DARLENE L.S. SHIPLEY, TREAS.</u>					