

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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**

FILED
Apr 30, 2007 08:00 A
Secretary of State



04122007 No Chg-NP CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SHIPLEY, DARLENE
C/O TAVARES HIGH SCHOOL
603 NORTH NEW HAMPSHIRE AVE
TAVARES, FL 32778**

**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

Darlene Shipley **DARLENE SHIPLEY, TREASURER** **4/27/07**
(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	SHELTON, FELICIA
STREET ADDRESS	3820 BAYSHORE CIR
CITY-ST-ZIP	TAVARES, FL 32778
TITLE	TD
NAME	SHIPLEY, DARLENE
STREET ADDRESS	C/O 603 NORTH NEW HAMPSHIRE AVE
CITY-ST-ZIP	TAVARES, FL 32778
TITLE	SD
NAME	SMITH, DIANA
STREET ADDRESS	C/O 603 NORTH NEW HAMPSHIRE AVE
CITY-ST-ZIP	TAVARES, FL 32778
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/17/07-80043-011 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Darlene Shipley **DARLENE SHIPLEY** **4/27/07 (352) 552-6399**
SIGNATURE-TYPED OR PRINTED NAME OF REGISTERED AGENT