2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000004119



FILED Aug 18, 2008 8:00 am Secretary of State

1. Entity Nam TAVARES	E S HIGH SCHOOL ACADEMI	C BOOSTERS, INC.	.			08-18-2008	3 90001 030 **	***61.25
Principal Place of Business 603 NORTH NEW HAMPSHIRE AVE TAVARES, FL 32778 Mailing Address 603 NORTH NEW HAMPSHIRE AVE TAVARES, FL 32778						12X MIN 600 45X 12	9 ina sati titl i (111 1)	1 issik s mb
2. Principal Place of Business - No P.O. Box # 3. Mailing Address						14 1 in 35		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt, #, etc.		05022008	Chg-NP	CR2E037 (12/0	8)
City & State		City & State	City & State		4. FEI Numbe NOT AP	PLICABLE		Applied For Not Applicable
Zlp	Country	Zip	Cour	ntry	5. Certificate	of Status Desired	☐ \$8.75 Fee Req	Additional uired
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New R	legistered Agent	
SHIPLEY, DARLENE C/O TAVARES HIGH SCHOO 603 NORTH NEW HAMPSHIRE AVE TAVARES, FL 32778				Straget Address (,	PSHIRE	
City					IRES,		FL Zp	2778
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	d office or register	red agent, or bot	h, in the State of Fid	orida. I am familiar w	ith, and accept
ine conge	Note of regionards again.	1						
SIGNATURE	Signature, ripped or printed name of regulatered agent a	nel tatie if applicable. (NOTE	Registered	Agent signature required	d when rematating)	· · · · · · · · · · · · · · · · · · ·	DATE	
			9. Election Campaign Financing Trust Fund Contribution.					
D	Filing Fee Is \$61.25				\$5.00 May 8		lake check payabl ida Department o	
	ue by September 12, 2008	Trust Fund C	ontributio	on. 🔲	Added to Fees	Flor	rida Department o	f State
10.	ue by September 12, 2008 OFFICERS AND DIR	Trust Fund C	ontributio	on. 🔲	Added to Fees	Flor	rida Department o	SIN 10
10.	OFFICERS AND DIR	Trust Fund C	11.	on. CD	Added to Fees ADDITIONS/CHA	Flor	rida Department o	SIN 10
10. TITLE NAME	OFFICERS AND DIR CD SHELTON, FELICIA	Trust Fund C	11. TITLE	on. CD	Added to Fees ADDITIONS/CHA	Flor	rida Department o	SIN 10
10.	OFFICERS AND DIR CD SHELTON, FELICIA 3820 BAYSHORE CIR	Trust Fund C	11. TITLE NAME STREE	CD RAZ TADORESS 603	Added to Fees ADDITIONS/CHA E G LDVEK R N, NEW	Flor	rida Department o	S IN 10
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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: