

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 12, 2011
Secretary of State

DOCUMENT# N97000004119

Entity Name: TAVARES HIGH SCHOOL ACADEMIC BOOSTERS, INC.**Current Principal Place of Business:**603 N. NEW HAMPSHIRE AVE
TAVARES, FL 32778**New Principal Place of Business:****Current Mailing Address:**603 N. NEW HAMPSHIRE AVE
TAVARES, FL 32778**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HARBIN, TAMMY
C/O TAVARES HIGH SCHOOL
603 N. NEW HAMPSHIRE AVE
TAVARES, FL 32778 US**Name and Address of New Registered Agent:**CHERYL, COCHRAN
C/O TAVARES HIGH SCHOOL
603 N. NEW HAMPSHIRE AVE
TAVARES, FL 32778 US

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.

SIGNATURE: CHERYL COCHRAN

08/12/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD
Name: COCHRAN, CHERYL E
Address: 603 N. NEW HAMPSHIRE
City-St-Zip: TAVARES, FL 32778

Title: CD
Name: HACKNEY, SUE
Address: 603 N. NEW HAMPSHIRE AVE
City-St-Zip: TAVARES, FL 32778

Title: TD
Name: HERRING, ANN SHERRY
Address: 603 N. NEW HAMPSHIRE AVE.
City-St-Zip: TAVARES, FL 32778

Title: SD
Name: MARCINKUS, AMY
Address: 603 N. NEW HAMPSHIRE AVE,
City-St-Zip: TAVARES, FL 32778

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHERYL COCHRAN

CD

08/12/2011

Electronic Signature of Signing Officer or Director

Date