

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90038 040 ****61.25

DOCUMENT # N97000004887

1. Entity Name
**THE SICKLES HIGH SCHOOL OMNIBUS BOOSTER
ORGANIZATION, INC.**



Principal Place of Business
**7950 GUNN HIGHWAY
TAMPA, FL 33626 US**

Mailing Address
**7950 GUNN HIGHWAY
TAMPA, FL 33626 US**

20064611



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06302005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3467376

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AYRES, NURI
7950 GUNN HIGHWAY
TAMPA, FL 33626**

Name **Jacob Russell**

Street Address (P.O. Box Number is Not Acceptable)

7950 Gunn Highway

Tampa FL

City

FL

Zip Code

33626

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ADA
DUARTE, NELSON
7950 GUNN HIGHWAY
TAMPA, FL 33626** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HASKINS, CHERYL
9303 POST ROAD
ODESSA, FL 33556** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
CARLIN, SUSIE
15140 SHAW ROAD
TAMPA, FL 33625** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-1-05 (813) 681-4742 x218