2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000004887

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

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

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01172006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3467376
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RUSSELL, JACOB
7950 GUNN HIGHWAY
TAMPA, FL 33626

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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 _____ 1/19/06
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 May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	ADA
NAME	DUARTE, NELSON
STREET ADDRESS	7950 GUNN HIGHWAY
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	P
NAME	HASKINS, CHERYL
STREET ADDRESS	9303 POST ROAD
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	V
NAME	CARLIN, SUSIE
STREET ADDRESS	15140 SHAW ROAD
CITY-ST-ZIP	TAMPA, FL 33625
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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01/25/06-80005-014 61.25

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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: _____ 1/17/06 813 631 4742 x2K
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #