

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 7950 GUNN HIGHWAY TAMPA, FL 33626 US	Mailing Address 7950 GUNN HIGHWAY TAMPA, FL 33626 US
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DO NOT WRITE IN THIS SPACE



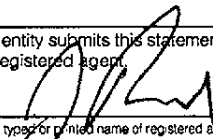
01172006 No Chg-NP CR2E037 (11/05)

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:  (NOTE: Registered Agent signature required when reinstating) 1/19/06
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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADA DUARTE, NELSON 7950 GUNN HIGHWAY TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HASKINS, CHERYL 9303 POST ROAD ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARLIN, SUSIE 15140 SHAW ROAD TAMPA, FL 33625
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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 x2K6
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR