
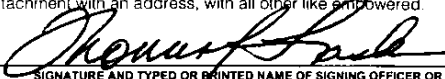


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90005 001 \*\*\*\*61.25

<b>DOCUMENT # N98000000183</b> 1. Entity Name TARPON SPRINGS HIGH FOOTBALL BOOSTERS, INC.					
Principal Place of Business 1411 GULF ROAD TARPON SPRINGS, FL 34689			Mailing Address 1411 GULF ROAD TARPON SPRINGS, FL 34689		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3564917</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TRASK, ESQ., THOMAS J FARZER HUBBARD BRANDT TRASK YACAVONE LLP 595 MAIN ST DUNEDIN, FL 34698				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	INGARGIOLA, KATHY		NAME	Dawn Reyes	
STREET ADDRESS	4810 BLUE JAY CIR.		STREET ADDRESS	705 Bayshore Drive	
CITY-ST-ZIP	PALM HARBOR, FL 34683		CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENNETT, CONNIE		NAME	Kathy Ingargiola	
STREET ADDRESS	2045 N. POINTE ALEXIS DR.		STREET ADDRESS	4810 Blue Jay Circle	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEROUSIE, VANESSA		NAME	Melody Williams	
STREET ADDRESS	2529 HOLIDAY LAKES DR		STREET ADDRESS	1269 Holiday Drive	
CITY-ST-ZIP	HOLIDAY, FL 34691		CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRASK, THOMAS J		NAME		
STREET ADDRESS	310 MORNINGSIDES DR		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34683		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> 			2/26/07 727-733-0494		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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