## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N9800000183

FILED Mar 03, 2009 Secretary of State

Entity Name: TARPON SPRINGS HIGH FOOTBALL BOOSTERS, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1411 GULF ROAD TARPON SPRINGS, FL 34689 **Current Mailing Address: New Mailing Address:** 1411 GULF ROAD 4705 ALT 19 TARPON SPRINGS, FL 34689 PALM HARBOR, FL 34683 FEI Number: 59-3564917 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TRASK, ESQ., THOMAS J FARZER HUBBARD BRANDT TRASK YACAVONE LLP 595 MAIN ST DUNEDIN, FL 34698 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.

Electronic Signature of Registered Agent

SIGNATURE:

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

() Delete (X) Change ( ) Addition REYES, DAWN FISK, RICK Name: Name: 705 BAYSHORE DR Address: 1416 LONESOME PINE LANE Address: City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip: TARPON SPRINGS, FL 34689 Title: VD ( ) Delete Title: VD (X) Change ( ) Addition Name: FISK, RICK Name: DONOVAN, JAN Address: 1416 LONESOME PINE LANE Address: 858 BRIAR OAK CT. City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip: TARPON SPRINGS, FL 34689 Title: () Delete Title: () Change () Addition WILLIAMS, MELODY Name: Name: Address: 1269 HOLIDAY DR Address: City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip: Title: SD ( ) Delete Title: () Change () Addition Name: FOWLER, SHEILA Name: 1110 GREYWOOD AVENUE Address: Address: City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MELODY S. WILLIAMS TREA 03/03/2009