

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90022 042 ****61.25

DOCUMENT # N98000000510

1. Entity Name

PALM HARBOR UNIVERSITY HIGH I.B. BOOSTER CLUB, INC.



Principal Place of Business

1900 OMAHA STREET
PALM HARBOR FL 34683

Mailing Address

1310 FOREST EDGE BLVD.
OLDSMAR FL 34677

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

59-3495310

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SIKORSKI, JOY
1900 OMAHA STREET
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

Name

Brenda Licht

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

1900 Omaha St.

City

Palm Harbor

FL

Zip Code

34683

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

Brenda V. Licht

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-12-07

FILE NOW: FEE IS \$61.25
Due By: May 1, 2007

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	P	<input checked="" type="checkbox"/> Delete
NAME	SIKORSKI, JOY	
STREET ADDRESS	1937 DIAMOND CT	
CITY- ST- ZIP	OLDSMAR FL 34677	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KAGAN, MARILYN	
STREET ADDRESS	2395 FLINT ROCK DR	
CITY- ST- ZIP	CLEARWATER FL 33765	
TITLE	T	<input type="checkbox"/> Delete
NAME	VENKER, CYNTHIA	
STREET ADDRESS	1310 FORESTEDGE BLVD.	
CITY- ST- ZIP	OLDSMAR FL 34677	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FLAMMER, TAMMIE	
STREET ADDRESS	2567 STILLWATER CT	
CITY- ST- ZIP	PALM HARBOR FL 34684	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brenda Licht	
STREET ADDRESS	12805 Harborwood Dr	
CITY- ST- ZIP	Largo FL 33774	
TITLE	Secy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gina Carly	
STREET ADDRESS	12808 Harborwood Dr	
CITY- ST- ZIP	Largo FL 33774	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marion Rich	
STREET ADDRESS	2135 Camden Way	
CITY- ST- ZIP	Clearwater FL 33759	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Brenda V. Licht

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-12-07