

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90483 006 ****70.00

DOCUMENT # N98000000754

1. Entity Name
TARPON SPRINGS CHORAL BOOSTERS, INC.



Principal Place of Business
**1411 S GULF RD
TARPON SPRINGS, FL 34689 US**

Mailing Address
**1411 S GULF RD
TARPON SPRINGS, FL 34689 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3608459

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COSGROVE, CECELIA PRES
1411 S GULF RD
TARPON SPRINGS, FL 34689**

Name **Dena Economos**
Street Address (P.O. Box Number is Not Acceptable)
301 Forest Heights Dr.
City **Tarpon Springs** FL Zip Code **34689**

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

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

(NOTE: Registered Agent signature required when reinstating)

Dena Economos, President

President

4/26/06
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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRES** ☒ Delete
NAME **COSGROVE, CECELIA**
STREET ADDRESS **500 N. HIGHLAND AVE**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE **P/D** ☒ Change ☐ Addition
NAME **Dena Economos**
STREET ADDRESS **301 Forest Heights Drive**
CITY-ST-ZIP **Tarpon Springs, FL 34689**

TITLE **V P** ☒ Delete
NAME **ECONOMOS, DENA**
STREET ADDRESS **301 FOREST HEIGHTS DR.**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE **V/D** ☒ Change ☐ Addition
NAME **Jennifer Garcia**
STREET ADDRESS **1011 Cold Stream Court**
CITY-ST-ZIP **Tarpon Springs, FL 34689**

TITLE **TRES** ☒ Delete
NAME **SCHMIDT, JANET**
STREET ADDRESS **744 SADDLEBROOK DR**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE **T/D** ☒ Change ☐ Addition
NAME **Cynthia A. Hughes**
STREET ADDRESS **2095 E. Orange Hill Ave.**
CITY-ST-ZIP **Palm Harbor, FL 34683**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S/D** ☒ Change ☐ Addition
NAME **Cecelia Cosgrove**
STREET ADDRESS **500 N. Highland Ave.**
CITY-ST-ZIP **Tarpon Springs, FL 34689**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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: **Cynthia A. Hughes**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/06

727-791-8499