

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000754

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** TARPON SPRINGS CHORAL BOOSTERS, INC.

**Current Principal Place of Business:**

1411 S GULF RD  
TARPON SPRINGS, FL 34689 US

**New Principal Place of Business:**

**Current Mailing Address:**

1411 S GULF RD  
TARPON SPRINGS, FL 34689 US

**New Mailing Address:**

**FEI Number:** 59-3608459

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCFERREN, ROBIN W MRS.  
4145 SETON CIRCLE  
PALM HARBOR, FL 34683 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: BALIONIS, TERRI  
Address: 502 TIMBER ROAD  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: PD ( ) Delete  
Name: GARCIA, JENNIFER  
Address: 1011 COLD STREAM CRT  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VD ( ) Delete  
Name: COPE, LARRY  
Address: 3067 JODI LANE  
City-St-Zip: PALM HARBOR, FL 34684

Title: TD ( ) Delete  
Name: MCFERREN, ROBIN  
Address: 4145 SETON CIRCLE  
City-St-Zip: PALM HARBOR, FL 34683

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BALIONIS, TERRI  
Address: 502 TIMBER ROAD  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VD (X) Change ( ) Addition  
Name: SMITH, DAWNE  
Address: 4511 GLENBROOK DRIVE  
City-St-Zip: PALM HARBOR, FL 34683

Title: SD (X) Change ( ) Addition  
Name: CARRIER, TERRI  
Address: 762 NORTH LAKE BLVD  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: ROBIN MCFERREN

TD

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date