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**May 04, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N98000000842**

1. Corporation Name

**TURKEY CREEK HIGH SCHOOL ALUMNI AND FRIENDS ASSO  
CIATION INC.**

Principal Place of Business

5902 FARKAS ROAD  
PLANT CITY FL 33567

Mailing Address

5902 FARKAS ROAD  
PLANT CITY FL 33567



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/11/1998

4. FEI Number

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**HOBBS, WALTER O III  
3719 SWANN AVE  
TAMPA FL 33609**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **DANA WELCH**  
1.3 STREET ADDRESS **4112 THREE OAKS RD**  
1.4 CITY-ST-ZIP **PLANT CITY, FL 33565**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **DEE DEE GROOMS**  
2.3 STREET ADDRESS **3838 FANCY FARMS RD**  
2.4 CITY-ST-ZIP **PLANT CITY, FL 33566**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **DEBBIE BURDETT**  
3.3 STREET ADDRESS **708 W. TEVER ST**  
3.4 CITY-ST-ZIP **PLANT CITY, FL 33566**

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **DAVID PARISH**  
4.3 STREET ADDRESS **231 TARA CT.**  
4.4 CITY-ST-ZIP **LAKE LAND, FL 33809**

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **DIANE PARISH**  
5.3 STREET ADDRESS **231 TARA CT**  
5.4 CITY-ST-ZIP **LAKE LAND, FL 33809**

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **JIM FORTINBERRY**  
6.3 STREET ADDRESS **5902 FARKAS RD**  
6.4 CITY-ST-ZIP **PLANT CITY, FL 33567**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Mar 9, 1999**  
Date

**941 603 5852**  
Daytime Phone #

CR2E037 (11/98)

NON PROFIT CORPORATION ANNUAL REPORT  
TURKEY CREEK HIGH SCHOOL ALUMNI AND FRIENDS ASSOCIATION, INC.  
DOCUMENT NO. N98000000842

475759-9000-22  
N98000000842

ADDITIONAL OFFICERS

TITLE: VICE-PRESIDENT  
NAME: RON HARTLEY  
STREET ADDRESS: 5314 CINDY KAY DR.  
CITY-ST-ZIP: PLANT CITY, FL 33567

TITLE: SECRETARY  
NAME: GAIL GILFORD  
STREET ADDRESS: 1525 N. DOVER RD.  
CITY-ST-ZIP: DOVER, FL 33527

TITLE: VICE-PRESIDENT  
NAME: LUDO VAN DEN BOGAERT  
STREET ADDRESS: 6502 STAFFORD TERR. AVE.  
CITY-ST-ZIP: PLANT CITY, FL 33565