

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90130 017 ****61.25

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1. Entity Name

TARPON SPRINGS VOLLEYBALL BOOSTER CLUB, INC.



Principal Place of Business

C/O TARPON SPRINGS HIGH SCHOOL
1411 GULF ROAD
TARPON SPRINGS FL 34689

Mailing Address

C/O TARPON SPRINGS HIGH SCHOOL
1411 GULF ROAD
TARPON SPRINGS FL 34683

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3516912

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

CORTESE, JAN
1122 ELMENDORF TRACE
TARPON SPRING FL 34689

Name

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

City

FL

Zip Code

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)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	PTD	<input checked="" type="checkbox"/> Delete
NAME	CORTESE, JAN	
STREET ADDRESS	C/O 1411 GULF ROAD	
CITY-ST-ZIP	TARPON SPRINGS FL 34683	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BOWAN, CINDY	
STREET ADDRESS	C/O 1411 GULF ROAD	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PRIMIANI, GINA	
STREET ADDRESS	C/O 1411 GULF RD	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Art Dyre	
STREET ADDRESS	C/O 1411 Gulf Road	
CITY-ST-ZIP	Tarpon Springs FL 34683	
TITLE	V Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kirsten Tersteegen	
STREET ADDRESS	C/O 1411 Gulf Rd	
CITY-ST-ZIP	Tarpon Springs FL 34687	
TITLE	Sec-T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Laura Ward	
STREET ADDRESS	C/O 1411 Gulf Rd	
CITY-ST-ZIP	Tarpon Springs FL 34683	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Laura Bess	
STREET ADDRESS	C/O 1411 Gulf Rd	
CITY-ST-ZIP	Tarpon Springs FL 34689	
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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #