

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001514

FILED
Aug 06, 2004
Secretary of State**Entity Name:** TARPON SPRINGS HIGH SCHOOL SOCCER BOOSTERS, INC.**Current Principal Place of Business:**1411 GULF ROAD
TARPON SPRINGS, FL 34689**New Principal Place of Business:****Current Mailing Address:**1411 GULF ROAD
TARPON SPRINGS, FL 34689**New Mailing Address:****FEI Number:** 59-3575458**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RAMON CARRION, P.A.
28100 U.S. 19 N.
SUITE 502
CLEARWATER, FL 34761 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: PD () Delete
Name: CASTILLEJO, AL
Address: 1348 ROLLING RIDGE CT
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VD () Delete
Name: CRU, BLIN, DEBBI
Address: 608 KENNETH WAY
City-St-Zip: TARPON SPRINGS, FL 34689

Title: SD () Delete
Name: TOSCANI, ANN
Address: 751 MERLINS CT
City-St-Zip: TARPON SPRINGS, FL 34689

Title: TD () Delete
Name: MATOS, CHRIS
Address: 1112 CLIPPER WAY
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Delete
Name: HILL, JOSEPH
Address: 851 RIVERSIDE DR
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FREEMAN, HOLLY
Address: 1459 RIDGE SHORE DR.
City-St-Zip: TARPON SPRINGS, FL 34689

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HOLLY E. FREEMAN

D

08/06/2004

Electronic Signature of Signing Officer or Director

Date