

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90039 041 ****61.25

DOCUMENT # N98000001610

1. Entity Name
**THE GEORGE JENKINS HIGH SCHOOL CHORUS
BOOSTER CLUB, INC.**



Principal Place of Business
**6000 LAKELAND HIGHLANDS ROAD
LAKELAND, FL 33813**

Mailing Address
**6000 LAKELAND HIGHLANDS ROAD
LAKELAND, FL 33813**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03072007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3497538

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**FISHER, ROLAND
6000 LAKELAND HIGHLANDS ROAD
LAKELAND, FL 33813**

7. Name and Address of New Registered Agent

Name **Glori Snow**

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

6000 Lakeland Highlands Road

City **Lakeland**

FL

Zip Code **33813**

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 *Glori Snow*

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

(NOTE: Registered Agent signature required when reinstating)

4/9/07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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 **D** ☒ Delete
NAME **MILLER, CINDY**
STREET ADDRESS **6655 CHADRON CT**
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE **D** ☒ Delete
NAME **HILLYARD, JERRI**
STREET ADDRESS **5932 LAUREL OAK DRIVE**
CITY-ST-ZIP **LAKELAND, FL 33811**

TITLE **T** ☐ Delete
NAME **HAYMAN, DEBRA**
STREET ADDRESS **1355 LONGOAK DR. N**
CITY-ST-ZIP **LAKELAND, FL 338112146**

TITLE **D** ☒ Delete
NAME **LEE, DEE**
STREET ADDRESS **2695 HIGHBRIDGE DR**
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☐ Change ☒ Addition
NAME **Suzanne Crosby**
STREET ADDRESS **2157 Emerald Ridge Drive**
CITY-ST-ZIP **Lakeland, FL 33813**

TITLE **VP** ☐ Change ☒ Addition
NAME **Lori LeGrand**
STREET ADDRESS **2675 Summitview Drive**
CITY-ST-ZIP **Lakeland, FL 33812**

TITLE **P** ☒ Change ☐ Addition
NAME **Debra Hayman**
STREET ADDRESS **1355 Longoak Drive N.**
CITY-ST-ZIP **Lakeland, FL 33811**

TITLE **P** ☐ Change ☒ Addition
NAME **Donna Anderson**
STREET ADDRESS **6035 Christina Drive E.**
CITY-ST-ZIP **Lakeland, FL 33813**

TITLE ☐ Change ☐ Addition
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:

Debra Hayman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/07 (863) 646-5542