

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90049 046 \*\*\*\*70.00

0051956

**DOCUMENT # N98000005677**

1. Corporation Name

**T.R. ROBINSON HIGH SCHOOL ALUMNI ASSOCIATION AND  
EDUCATIONAL FOUNDATION, INC.**

Principal Place of Business

6311 S. LOIS AVENUE  
TAMPA FL 33616

Mailing Address

POST OFFICE BOX 130153  
TAMPA FL 33681-0153



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/01/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

☒ Applied For  
☐ Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURKETT, SCOTT  
6311 S. LOIS AVENUE  
TAMPA FL 33616

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME MOUSSEAU, MELISSA  
STREET ADDRESS 6812 GABRIELLE  
CITY-ST-ZIP TAMPA FL 33611 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD  
NAME BURKETT, SCOTT  
STREET ADDRESS 4705 PEARL AVENUE  
CITY-ST-ZIP TAMPA FL 33611 ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TD  
NAME SCHAKEL, JOHN  
STREET ADDRESS POST OFFICE BOX 130153  
CITY-ST-ZIP TAMPA FL 33611 ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME SCHAKEL, JOHN JR  
3.3 STREET ADDRESS P.O. BOX 25981 10607 LEE CREEK  
3.4 CITY-ST-ZIP TAMPA FL 33622-5981 RIVERVIEW FL 33569

TITLE SD  
NAME QUINTANA, HEIDI  
STREET ADDRESS 6311 S. LOIS AVENUE  
CITY-ST-ZIP TAMPA FL 33616 ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME HAMBY, LEN  
STREET ADDRESS 4431 W. WISCONSIN AVENUE  
CITY-ST-ZIP TAMPA FL 33616 ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME BAKER, DEBBIE  
STREET ADDRESS 8008 INTERBAY BOULEVARD  
CITY-ST-ZIP TAMPA FL 33616 ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: *John Schakel, Jr* FIRE REQUIRED SCHAKEL, JR

3/30/99

1-813-240-4683

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)