## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # N98000005961

1. Entity Name

SIGNATURE:

TARPON SPRINGS HIGH SCHOOL BASEBALL BOOSTER, INC.



**FILED** 

Mar 15, 2004 8:00 am Secretary of State

03-15-2004 90015 007 \*\*\*\*61.25

Principal Place of Business		Mailing Address					
TARPON SPRINGS HIGH SCHOOL 1411 GULF ROAD TARPON SPRINGS FL 34689		1411 GULF ROAD TARPON SPRINGS FL 34689					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E037 (11/03)			
City & State		City & State		4. FEI Number 59-3635	5585	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desir		5 Additional equired	
	6. Name and Address of Current	Registered Agent		7. Name and Address of N	ew Registered Agent		
			Name				
SELBY, DOREÉN 506 HARMONY LN TARPON SPRINGS FL 34689			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
			City		FL Zi	p Code	
8. The above	named entity submits this statement for	or the purpose of changing its re	ealstered office or reals	tered agent, or both, in the State	of Florida. Lam familia	with and accept	
the obligations of registered agent.  SIGNATURE ————————————————————————————————————							
FILE NOW: FEE IS \$61.25  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 DI	RECTORS	11.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	IRS IN 10	
TITLE	PD	☐ Delete	TITLE		☐ CF	nange 🔲 Addition	
NAME	LIVERNOIS, KENNETH		NAME				
STREET ADDRESS	1106 E LEMON ST		STREET ADDRESS				
CITY-ST-ZIP	TARPON SPRINGS FL 34689		CITY-ST-ZIP			(	
TITLE	VPD	☐ Delete	TITLE			hange	
NAME	SHANK, JUDY		NAME		., ن	Tange	
STREET ADDRESS	1074 ROUNDSTONE PLACE		STREET ADDRESS			ļ	
CITY-ST-ZIP	PALM HARBOR FL 34683		CITY-ST-ZIP			ĺ	
TITLE	TD	П.	<b>I</b>			bongs D Addista	
NAME	SELBY, DOREEN-	☐ Delete	TITLE NAME		□ CI	hange	
STREET ADDRESS	506 HARMONY LN		STREET ADDRESS				
CITY-ST-ZIP	TARPON SPRINGS FL 34689		CITY-ST-ZIP				
<u> </u>	SD						
TITLE	LIVERNOIS, CHERIE	☐ Delete	TITLE		CI	nange 🔲 Addition	
NAME	1106 E LEMON ST		NAME			ļ	
STREET ADDRESS CITY-ST-ZIP	TARPON SPRINGS FL 34689		STREET ADDRESS				
			CITY-ST-ZIP		<del></del>		
TITLE		. Delete	TITLE			hange 🔲 Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP			•	
TITLE		☐ Delete	TITLE			hange Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS	*			
1	i						

12. I hereby certify that the information supplied with this filling 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.