## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 14, 2008 8:00 am Secretary of State

Change

☐ Addition

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DOCUMENT # N9800006241  1. Entity Name ST. PETERSBURG HIGH SCHOOL IB BOOSTERS, INC.					)4-14-2008 90034 0	35 ****61.25
2501 5TH AVE. NORTH 25		Mailing Address 2501 5TH AVE. NORTH ST. PETERSBURG, FL 33713			40067290	
Principal Place of Business - No P.O. Box #     3. Ma		3. Mailing Address	i, Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		hg-NP CR2E03	37 (12/06)
City & State		City & State	City & State			Applied For
Zip	Country	Zip	Country	59-357058 5. Certificate of S	tatus Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current	Pagistarral Agent		7 Name and Add	iress of New Registered A	<del></del>
	o. Name and Address of Current	vedistelen våelit		11 092 OI IAM VARISTOIRT N	Agenr	
MCPHERO	N, LINDA DR.		Name 5u		SAN FARIAS	
	VE. NORTH		Street Ac	ddress (P.O. Box Number is	Not Acceptable)	
ST. PETERSBURG, FL 33713						
			) a	501 5th	Ave No	
			City <	<u> </u>		
8. The above n	named entity submits this statement for	or the purpose of changing its re	ecistered office or	registered agent, or both, in	the State of Florida. I am I	amiliar with, and accept
	ons of registered agent.		9.010.00 000 0.	rogistaros agains ar actin, in	· ind diam sQ ionida.	
	nis or registered agent.	•				
	A		<b>~</b>	~~~		
_	Gusan 7	auas	SUSAN	FARIAS	4	.9.08
SIGNATURE	Signature, typed or printed name of registered agent	woon		FARIAS	L-J DATE	.9.08
SIGNATURE	Susan 7	woon				.9.08
SIGNATUREs	Susan 7	and rite if applicable. (NOTE:	Registered Agent signatu	re required when reinstating) \$5.00 May Be	Make check	payable to
SIGNATURE	Stand T	and title if applicable. (NOTE:	Registered Agent signatu	ire required when reinstating)	DATE	payable to
SIGNATURE	Signature, typed or printed name of registered agent	and site d applicable. (NOTE:  9. Election Camp Trust Fund Co	Registered Agent signatu	\$5.00 May Be Added to Fees	Make check	payable to training of State
SIGNATURES	Signature. phod or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	9. Election Carny Trust Fund Co	Registered Agent signature paign Financing portribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Make check Florida Depart	x payable to tment of State RECTORS IN 10
SIGNATURES	Signature. phod or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DI D/C	and site d applicable. (NOTE:  9. Election Camp Trust Fund Co	Registered Agent signature paign Financing portribution.	\$5.00 May Be Added to Fees	Make check Florida Depart	payable to training of State
SIGNATURES  10.  TITLE NAME	Signature, phod or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DI D/C PORTERFIELD, LYNN	9. Election Carny Trust Fund Co	Registered Agent signature paign Financing partribution.  11. TITLE NAME	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Make check Florida Depart	x payable to tment of State RECTORS IN 10
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12. Thereby 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

Delete

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dato

Daytime Phone #