


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

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90055 007 ****61.25

DOCUMENT # N99000000699	
1. Entity Name TARPON SPRINGS HIGH SCHOOL AGRISCIENCE BOOSTERS, INC.	

Principal Place of Business 1411 GULF ROAD WEST TARPON SPRINGS FL 34689	Mailing Address 27 E ORANGE STR TARPON SPRINGS FL 34689
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2. Principal Place of Business	3. Mailing Address 1411 GULF ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State TARPON SPRINGS	City & State TARPON SPRINGS
Zip 34689	Country PINELLAS



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent BEVERLY, SANDRA 5631 DOVE DR NEW PORT RICHEY FL 34652	7. Name and Address of New Registered Agent Name: SAME Street Address (P.O. Box Number is Not Acceptable): 4221 TALL OAK LANE City: NEW PORT RICHEY FL Zip Code: 34652
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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: Sandra L. Beverly, Treasurer (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: MLECZKO, JEAN STREET ADDRESS: 905 WESTWINDS BLVD CITY-ST-ZIP: TARPON SPRINGS FL 34689	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: MENDEZ, KATHY STREET ADDRESS: 1500 GULF RD CITY-ST-ZIP: TARPON SPRINGS FL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: BEVERLY, SAUNDRA STREET ADDRESS: 5631 DOVE DR CITY-ST-ZIP: NEW PORT RICHEY FL 34652	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: Sandra L. Beverly **SANDRA L. BEVERLY** 03/03/04 727-372-2232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #