


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90156 017 ****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 1411 GULF ROAD TARPON SPRINGS, FL 34689		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3557583	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BEVERLY, SANDRA 4221 TALL OAK LANE NEW PORT RICHEY, FL 34652				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MLECZKO, JEAN		NAME	BARBARA SCOURAS	
STREET ADDRESS	905 WESTWINDS BLVD		STREET ADDRESS	980-14th AVENUE	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MENDEZ, KATHY		NAME	BARBARA SCIAAAPPA	
STREET ADDRESS	1500 GULF RD		STREET ADDRESS	611 STILL MEADOWS CIRCLE NORTH	
CITY-ST-ZIP	TARPON SPRINGS, FL		CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEVERLY, SAUNDRA		NAME	EVA JOHNSON	
STREET ADDRESS	5631 DOVE DR		STREET ADDRESS	1406 OHIO AVENUE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE		<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	SANDRA BEVERLY	
STREET ADDRESS			STREET ADDRESS	4221 TALL OAK LANE	
CITY-ST-ZIP			CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 03/10/05 727-372-2332					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

50024332



01192005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3557583

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

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\$5.00 May Be Added to Fees

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STREET ADDRESS 905 WESTWINDS BLVD

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TITLE VPD ☒ Delete

NAME MENDEZ, KATHY

STREET ADDRESS 1500 GULF RD

CITY-ST-ZIP TARPON SPRINGS, FL

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TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

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CITY-ST-ZIP

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