2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000000699

1. Entity Name
TARPON SPRINGS HIGH SCHOOL VETERINARY SCIENCE ACADEMY BOOSTERS, INC.



FILED Jan 30, 2006 8:00 am Secretary of State

01-30-2006 90040 017 ****61.25

| | · · · · · · · · · · · · · · · · · · · | | | | 100 | SEE ST | | | | | | |
|--|--|----------------------|---|---------------------|----------------|---|--|------------------|---------------------------------|--------------------------------|---------------------|--|
| Principal Place of Business 1411 GULF ROAD WEST TARPON SPRINGS, FL 34689 | | | Mailing Address 1411 GULF ROAD TARPON SPRINGS, FL 34689 | | | | ' 'S | | [4] [4] [4] | 111 81 8 1 1 83 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | 01172006 CI | ng-NP | CR2E037 | (11/05) | | |
| City & State | | | City & State | | | | 4. FEI Number 59-355758 | | Applied Fo | | | |
| Zip | Country | Zij | p | Cou | Country | | 5. Certificate of Status Desired | | | \$8.75 Additional Fee Required | | |
| | 6. Name and Address of Current F | Register | ed Agent | | 1 | | 7. Name and Add | ress of New R | legistered A | jent | | |
| BEVERLY, SANDRA 4221 TALL OAK LANE NEW PORT RICHEY, FL 34652 | | | | | | Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code | | | | | | |
| | named entity submits this statement for ions of registered agent. | the purp | oose of changing its | register | <u>L.:</u> | or registe | red agent, or both, in | the State of Flo | FL orida. I am fa | | | |
| SIGNATURE . | Signature, typed or printed name of registered agent a | nd title if ap | plicable. (NOTE | E: Registere | ed Agent signs | ture require | d when reinstating) | | DATE | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | | 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 DIR | ECTORS | | 11. | | | ADDITIONS/CHANG | ES TO OFFICE | RS AND DIR | ECTORS IN | 10 | |
| NAME STREET ADDRESS CITY-ST-ZIP | PD SCOURAS, BARBARA 980 14TH AVENUE SAFETY HARBOR, FL 34695 | | ☐ Delete | | _ | | | | | ☐ Change | □ Ad | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD SCIARAPPA, BARBARA 611 STILL MEADOWS CIRCLE N PALM HARBOR, FL 34683 | ORTH | ⊠ Delete | | | VPI Pot 300 | CEET, AMY GEONGRES OSMAR, FL | S STREI 34677 | ET | Change | ∑ Ad | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BEVERLY, SAUNDRA 4221 TALL OAKLANE NEW PORT RICHEY, FL 34653 | | ☐ Delete | | | | <i>3=1111.</i> | | | ☐ Change | □ Ad | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD JOHNSON, EVA 1406 OHIO AVENUE PALM HARBOR, FL 34683 | | X Delete | | | 50 50 140 TAI | E HARRIS 68 LAKEVI RPON SPRIN | EWDRI | | ☐ Change | ⊠ Ad | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | | , | | ☐ Change | Ad | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | | | | □ Change | □ Ad | |
| indicated of the cor | pertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo , or on an attachment with an address, w | true and wered to | accurate and that necessition | ny signa as requ | ture shall | have the | same legal effect as | if made under | oath; that I ar | n an officer Block 10 o | or direc r Block | |

SANDRAL BEVERLY 01/30/2006 - 727.312-2232