2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000699

Address:

City-St-Zip:

1468 LAKEVIEW DRIVE

TARPON SPRINGS, FL 34689

FILED Feb 11, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 1411 GULF ROAD WEST TARPON SPRINGS, FL 34689 **Current Mailing Address: New Mailing Address:** 1411 GULF ROAD TARPON SPRINGS, FL 34689 FEI Number: 59-3557583 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BEVERLY, SANDRA BEVERLY, SANDRA 4221 TALL OAK LANE 4221 TALL OAK LANE NEW PORT RICHEY, FL 34652 NEW PORT RICHEY, FL 34653 US US 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. SIGNATURE: SANDRA L. BEVERLY 02/11/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SCOURAS, BARBARA Name: Name: 980 14TH AVENUE Address: Address: City-St-Zip: SAFETY HARBOR, FL 34695 City-St-Zip: Title: VPD () Delete Title: () Change () Addition Name: POTEET, AMY Name: Address: 309 CONGRESS ST. Address: City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: Title: () Delete Title: (X) Change () Addition BEVERLY, SAUNDRA Name: BEVERLY, SANDRA Name: 4221 TALL OAKLANE Address: Address: 4221 TALL OAKLANE City-St-Zip: NEW PORT RICHEY, FL 34653 City-St-Zip: NEW PORT RICHEY, FL 34653 Title: SD () Delete Title: () Change () Addition Name: HARRIS, SUE Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: SANDRA L. BEVERLY TD 02/11/2007