2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N99000000699

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

Current Principal Place of Business:

1411 GULF ROAD WEST
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

1411 GULF ROAD
TARPON SPRINGS, FL 34689

New Mailing Address:

1411 GULF ROAD WEST
TARPON SPRINGS, FL 34689

FEI Number: 59-3557583 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BEVERLY, SANDRA
4221 TALL OAK LANE
NEW PORT RICHEY, FL 34653 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: POTEET, AMY
Address: 31 OAK AVENUE
City-St-Zip: PALM HARBOR, FL 34684

Title: VPD ( ) Delete
Name: GOLDSTEIN, MARSHA
Address: 3060 ARBOR OAKS DRIVE
City-St-Zip: TARPON SPRINGS, FL 34688

Title: TD ( ) Delete
Name: BEVERLY, SANDRA
Address: 4221 TALL OAKLANE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: SD ( ) Delete
Name: HARGREAVES, MARY
Address: 1883 DELORO COURT
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: SANDRA BEVERLY TD 04/23/2009
Electronic Signature of Signing Officer or Director — Date