

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2004 8:00 am
Secretary of State

08-25-2004 90003 003 ****61.25

DOCUMENT # N01000008579	
1. Entity Name CLEARWATER YOUTH LACROSSE INC.	

Principal Place of Business 7 VALENCIA CIR. SAFETY HARBOR, FL 34695	Mailing Address 7 VALENCIA CIR. SAFETY HARBOR, FL 34695
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54069848



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07162004 Chg-NP CR2E037 (10/03)

4. FEI Number APPLIED FOR 60-0001269	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WOOD, DAN 7 VALENCIA CIR. SAFETY HARBOR, FL 34695		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

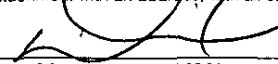
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐	\$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 ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WOOD, DAN	NAME	
STREET ADDRESS	7 VALENCIA CIR.	STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	CITY-ST-ZIP	
TITLE	VD ☒ Delete	TITLE	☐ Change ☒ Addition
NAME	WOOD, STEPHANIE	NAME	WATKINS, FRED
STREET ADDRESS	7 VALENCIA CIR.	STREET ADDRESS	511 MAYO ST. N.
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	CITY-ST-ZIP	CRYSTAL BEACH, FL. 34681
TITLE	VD ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	KEEFE, BRIAN	NAME	
STREET ADDRESS	3857 BROOKSWORTH AVE.	STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS, FL 34688	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FRIEDMAN, KEN	NAME	
STREET ADDRESS	1107 CHARLES STREET	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33755	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WAGNER, DREW	NAME	
STREET ADDRESS	1131 HOWARD STREET	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33756	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☒ Addition
NAME		NAME	JOHNSON, A. FARRUGIA - MRS.
STREET ADDRESS		STREET ADDRESS	5848 62nd AVE. N.
CITY-ST-ZIP		CITY-ST-ZIP	PINELLAS PARK, FL. 33781

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:  **DANIEL A. WOOD** **8/16/04** **(727) 725-1306**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #