

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY -1 AM 8:57

DOCUMENT # N92000000454 (0)

1. Corporation Name

CLEARWATER AQUATIC TEAM BOOSTER CLUB, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1501 N. BELCHER ROAD
CLEARWATER FL 34625

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CLEARWATER FL 34625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/24/1992** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3164776** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TYNAN, JAMES
1501 N. BELCHER ROAD
CLEARWATER FL 34625

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Registered Agent)

(Signature of Registered Agent)

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

PO
MCMANIC, JAMES
3430 SWEETWATER TRAIL
CLEARWATER FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

PD
Smith, Dave
1209 Alameda Ave.
Clearwater, FL 34619

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

VD
VOEGE, CLIFFORD
2723 WOODVIEW CT.
CLEARWATER FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

VD
Carpenter, Jay
612 Harbor Island
Clearwater, FL 34630

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

S
EAGAN, PAM
301 SEACREST
LARGO FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

S
Karlson, Bruce
2050 Coronet Ln.
Clearwater, FL 34624

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TD
DODGE, HOLLY
849 EDGEHILL DR.
PALM HARBOR FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

TD
Messmore, Tarina
783 House Wren Cir.
Palm Harbor, FL 34683

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

VD
MORTTI, TAMMY
1864 ALBRIGHT DR.
CLEARWATER FL

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

VD
Westland, Theresa
2453 Glenann Dr.
Clearwater, FL 34683

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 of changed, or on an attachment with an address.

SIGNATURE:

Tarina G. Messmore
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Tarina G. Messmore

4/24/95 (813) 836-4412