

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT **1996**



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

DOCUMENT # **N92000000454 (0)**

1. Corporation Name

**CLEARWATER AQUATIC TEAM BOOSTER CLUB, INC.**



Principal Place of Business

Mailing Address

1501 N. BELCHER ROAD  
CLEARWATER FL 34625

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CLEARWATER FL 34625

3. Date Incorporated or Qualified  
**11/24/1992**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TYNAN, JAMES**  
1501 N. BELCHER ROAD  
CLEARWATER FL 34525

81

Name

82

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

83

84

City

**FL**

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/24/96**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	RD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, DAVE	
STREET ADDRESS	1209 ALAMEDA AVENUE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CARPENTER, JAY	
STREET ADDRESS	612 HARBOR ISLAND	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KARLSON, BRUCE	
STREET ADDRESS	2031 CORONET LANE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MESSMORE, TARINA	
STREET ADDRESS	783 HOUSE WREN CIRCLE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WESTLAND, TERESA	
STREET ADDRESS	2453 GLENANN DRIVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Holly Dodge	
1.3 STREET ADDRESS	849 Edgemoor Dr.	
1.4 CITY-ST-ZIP	Palm Harbor, FL 34684	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Tim Wooten	
2.3 STREET ADDRESS	1109 Palmview	
2.4 CITY-ST-ZIP	Belleair FL 34614	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Cindy Reinshuttle	
3.3 STREET ADDRESS	2148 Tamarron Terrace	
3.4 CITY-ST-ZIP	Palm Harbor FL 34683	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	783 House Wren Circle	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Don Reed	
5.3 STREET ADDRESS	2726 Wiltshire Ave	
5.4 CITY-ST-ZIP	Palm Harbor 34685	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: *Tarina M. Messmore*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/96**  
DATE

**813-986-2968**  
Daytime Phone #

CR2E037 (12/95)