

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001258

FILED
Feb 01, 2009
Secretary of State

Entity Name: CLEARWATER LADY BOMBERS, INC.

Current Principal Place of Business:

% BOLLENBACK & FORRET, P.A.
1000 PINELLAS ST
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

% BOLLENBACK & FORRET, P.A.
1000 PINELLAS ST
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 59-3061592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLLENBACK, MICHAEL
% BOLLENBACK & FORRET, P.A.
1000 PINELLAS ST
CLEARWATER, FL 33756 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: DP () Delete
Name: AGEN, MARCY
Address: 540 14 STREET
City-St-Zip: PALM HARBOR, FL 34683

Title: DT () Delete
Name: ESTES, LYNDA
Address: 4345 RIDGEMOOR DR. N.
City-St-Zip: PALM HARBOR, FL 34685

Title: DS (X) Delete
Name: PAGES, RACHEL
Address: 4996 FELECITY WAY
City-St-Zip: PALM HARBOR, FL 34685

Title: DV (X) Delete
Name: PAVLOCK, WILLIAM
Address: 411 MANOR BLVD
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DT (X) Change () Addition
Name: PAGES, RACHEL
Address: 4996 FELICITY WAY
City-St-Zip: PALM HARBOR, FL 34685

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: RACHEL M. PAGES

DS

02/01/2009

Electronic Signature of Signing Officer or Director

Date