

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000166

Entity Name: LADY COUGARS BOOSTERS, INC.

FILED  
Apr 08, 2004  
Secretary of State

**Current Principal Place of Business:**

3000 STATE RD. 580  
CLEARWATER, FL 33761

**New Principal Place of Business:**

**Current Mailing Address:**

3000 STATE RD. 580  
CLEARWATER, FL 33761

**New Mailing Address:**

FEI Number: 59-3403918

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WELDON, RICHARD  
101 MAIN ST.,STE.A  
SAFETY HARBOR, FL 34695 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: D ( ) Delete  
Name: CAHALAN, KATHERINE  
Address: 3111 JONES PJWY  
City-St-Zip: CLEARWATER, FL 33759

Title: D ( ) Delete  
Name: ATHERHORT, MARK A JR  
Address: 1414 FOREST RD  
City-St-Zip: CLEARWATER, FL 33755

Title: P ( ) Delete  
Name: WELCH, ELLEN  
Address: 622 FAYETTE DRIVE S.  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: T ( ) Delete  
Name: LAW, ROB  
Address: 5018 PARRISH LN  
City-St-Zip: SAFETY HARBOR, FL 34695

**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 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 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: ROBERT LAW

T

04/08/2004

Electronic Signature of Signing Officer or Director

Date