

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737138

FILED  
Feb 13, 2006  
Secretary of State

**Entity Name:** CITRUS PARK BILLS' BOOSTER CLUB, INC.

**Current Principal Place of Business:**

7608 ALEMA STREET  
TAMPA, FL 33625 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 340805  
TAMPA, FL 33694 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

MCCLAIN, TIM  
6110 COGNAC CIRCLE  
LUTZ, FL 33558 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: TR ( ) Delete  
Name: CHESNUT, ARTHUR  
Address: 13811 PATHFINDER DRIVE  
City-St-Zip: TAMPA, FL 33624

Title: ADD ( ) Delete  
Name: MCCLAIN, TIM  
Address: 6110 COGNAC CIRCLE  
City-St-Zip: LUTZ, FL 33558

Title: PRES ( ) Delete  
Name: AHLES, DENISE  
Address: 1445 HOUNDS HOLLOW CT  
City-St-Zip: LUTZ, FL 33549

Title: SY ( ) Delete  
Name: JENNINGS, WENDY  
Address: 6224 FROST DRIVE  
City-St-Zip: TAMPA, FL 33625

Title: CORD ( ) Delete  
Name: MCFADDEN, CINDY  
Address: 10407 LAKE GROVE DR.  
City-St-Zip: ODESSA, FL 33556

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: AAD (X) Change ( ) Addition  
Name: BLACK, MIKE  
Address: 913 WOODCLIFF AVE.  
City-St-Zip: TAMPA, FL 33613

Title: AD (X) Change ( ) Addition  
Name: MCCLAIN, TIM  
Address: 6110 COGNAC CIRCLE  
City-St-Zip: LUTZ, FL 33558

Title: PRES (X) Change ( ) Addition  
Name: WAWERS, BRENDA  
Address: 15011 ELMCREST STREET  
City-St-Zip: ODESSA, FL 33556

Title: SY (X) Change ( ) Addition  
Name: JULIE, MILLER  
Address: 10408 LAKE GROVE DRIVE  
City-St-Zip: ODESSA, FL 33556

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 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: TIM MCCLAIN

AD

02/13/2006

Electronic Signature of Signing Officer or Director

Date