

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737138

FILED
Apr 09, 2007
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: AAD () Delete
Name: BLACK, MIKE
Address: 913 WOODCLIFF AVE.
City-St-Zip: TAMPA, FL 33613

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

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

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

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

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:

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

04/09/2007

Electronic Signature of Signing Officer or Director

Date