

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737138

FILED  
Apr 28, 2008  
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:**

17928 GUNN HIGHWAY  
ODESSA, FL 33556 US

**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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

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

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

Title: CORD (X) Change ( ) Addition  
Name: HANDLER, TAMI  
Address: 11235 CLAYRIDGE DRIVE  
City-St-Zip: TAMPA, FL 33635

Title: CORD (X) Change ( ) Addition  
Name: HUBBELL, KRISTI  
Address: 5320 WINHAWK WAY  
City-St-Zip: LUTZ, FL 33558

Title: AAD ( ) Change (X) Addition  
Name: HUBBELL, DAVID  
Address: 5320 WINHAWK WAY  
City-St-Zip: LUTZ, FL 33558

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: TIM MCCLAIN

SY

04/28/2008

Electronic Signature of Signing Officer or Director

Date