## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#744168** 

FILED Apr 28, 2008 Secretary of State

Entity Name: CLEARWATER USBC WBA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 300 SOUTH DUNCAN AVENUE, STE 217 CLEARWATER, FL 33755 **Current Mailing Address: New Mailing Address:** 300 S. DUNCAN AVE. SUITE 217 CLEARWATER, FL 33755 US FEI Number: 59-1305014 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WATTS, STEPHEN G 809 DRÚID ROAD EAST US CLEARWATER, FL 33756 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WILSON, JUDY Name: Name: 100 HAMPTON ROAD, #98 Address: Address: City-St-Zip: CLEARWATER, FL 33759 City-St-Zip: Title: Title: (X) Change ( ) Addition () Delete BASS, DONNA Name: STRATTON, HILDA Name: Address: 1717 LAKEVIEW RD Address: 1985 OAK ST City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: CLEARWATER, FL 33760 Title: () Delete Title: (X) Change ( ) Addition HARVEY, RUTH BATES, M JOANNE Name: Name: Address: 1450 CAROLYN LN Address: 1785 TOWNSEND ST CLEARWATER, FL 33755 City-St-Zip: City-St-Zip: CLEARWATER, FL 33755 Title: ΑM () Delete Title: () Change () Addition Name: SPICER, LINDA Name: Address: P. O. BOX 2635 Address: City-St-Zip: LARGO, FL 33779 City-St-Zip: Title: SGT () Delete Title: VΡ (X) Change ( ) Addition RICCI, TRACY Name: Name: KIMBRELL, WAYNETTA 3409 BRIARWOOD LN 2774 PEACHTREE CIR Address: Address: City-St-Zip: SAFETY HARBOR, FL 34695 City-St-Zip: CLEARWATER, FL 33761 Title: () Delete Title: () Change () Addition ADAMS, MILLIE Name: Name: Address: 2655 NEBRASKA RD #306 Address: PALM HARBOR, FL 34684 City-St-Zip: 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: LINDA SPICER AM 04/28/2008