

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 27 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 760494 (5)

1. Corporation Name  
CLEARWATER AQUATICS BOOSTERS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 1301 EASTFIELD DR. CLEARWATER FL 34624 US	Mailing Address 1301 EASTFIELD DR. CLEARWATER FL 34624 US
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3. Date Incorporated or Qualified 10/19/1981	3a. Date of Last Report 06/14/1994
4. FEI Number 59-2169574	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	25 Zip
29 Country	30 Zip

9. Name and Address of Current Registered Agent JOHN W. KENT, JOHN W. KENT, JOHN W. KENT, JOHN W. KENT 1301 EASTFIELD DR. CLEARWATER FL 34624		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DS NAME BARRY, JAN STREET ADDRESS 3310 SAN DOMINGO ST. CITY - ST - ZIP CLEARWATER FL 34619	TITLE DP NAME BARRY, JAN STREET ADDRESS 3310 SAN DOMINGO ST CITY - ST - ZIP CLEARWATER FL 34619	11 TITLE DP 12 NAME BARRY, JAN 13 STREET ADDRESS 3310 SAN DOMINGO ST 14 CITY - ST - ZIP CLEARWATER FL 34619	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DVP NAME STOERMER, TERRY STREET ADDRESS 1494 PREMIER VILLAGE WAY CITY - ST - ZIP CLEARWATER FL	TITLE DVP NAME STOERMER, TERRY STREET ADDRESS 1494 PREMIER VILLAGE WAY CITY - ST - ZIP CLEARWATER FL	21 TITLE DVP 22 NAME STOERMER, TERRY 23 STREET ADDRESS 1494 PREMIER VILLAGE WAY 24 CITY - ST - ZIP CLEARWATER FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME STEWART, BEVERLY STREET ADDRESS 690 ISLAND WAY, #208 CITY - ST - ZIP CLEARWATER FL	TITLE D NAME STEWART, BEVERLY STREET ADDRESS 690 ISLAND WAY, #208 CITY - ST - ZIP CLEARWATER FL	31 TITLE D 32 NAME STEWART, BEVERLY 33 STREET ADDRESS 690 ISLAND WAY, #208 34 CITY - ST - ZIP CLEARWATER FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME KENT, JOHN STREET ADDRESS 1301 EASTFIELD DR. CITY - ST - ZIP CLEARWATER FL 34624	TITLE DT NAME KENT, JOHN STREET ADDRESS 1301 EASTFIELD DR. CITY - ST - ZIP CLEARWATER FL 34624	41 TITLE DT 42 NAME KENT, JOHN 43 STREET ADDRESS 1301 EASTFIELD DR 44 CITY - ST - ZIP CLEARWATER FL 34624	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DP NAME FOSTER, JUDY STREET ADDRESS 3313 SAN CARLOS ST. CITY - ST - ZIP CLEARWATER FL 34619	TITLE DP NAME FOSTER, JUDY STREET ADDRESS 3313 SAN CARLOS ST. CITY - ST - ZIP CLEARWATER FL 34619	51 TITLE DP 52 NAME FOSTER, JUDY 53 STREET ADDRESS 3313 SAN CARLOS ST 54 CITY - ST - ZIP CLEARWATER FL 34619	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE AE D NAME METHOS BARBARA STREET ADDRESS 2244 ST CHARLES DR CITY - ST - ZIP CLEARWATER FL 34619	TITLE AE D NAME METHOS BARBARA STREET ADDRESS 2244 ST CHARLES DR CITY - ST - ZIP CLEARWATER FL 34619	61 TITLE AE D 62 NAME METHOS BARBARA 63 STREET ADDRESS 2244 ST CHARLES DR 64 CITY - ST - ZIP CLEARWATER FL 34619	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John W. Kent JOHN W. KENT 4-27-95 813-447-7735  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #