

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **760494** (5)
1. Corporation Name
CLEARWATER AQUATICS BOOSTERS, INC.



Principal Place of Business Mailing Address
C/O JOHN W. KENT 1301 EASTFIELD DRIVE CLEARWATER FL 34624 US
C/O JOHN W. KENT 1301 EASTFIELD DRIVE CLEARWATER FL 34624 US

3. Date Incorporated or Qualified **10/19/1981** 3a. Date of Last Report **04/27/1995**

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

4. FEI Number **59-2169574** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**KENT, JOHN W.
1301 EASTFIELD DR.
CLEARWATER FL 34624**

10. Name and Address of New Registered Agent
81 Name **HEUCHAN ANNE**
82 Street Address (P.O. Box Number is Not Acceptable) **712 KARLYN DR**
83 **CLEARWATER**
84 City **FL** 85 Zip Code **34615**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
SIGNATURE *Anne Heuchan* **ANNE HEUCHAN** 3-18-96
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BARRY, JAN	
STREET ADDRESS	3310 SAN DOMINGO ST	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	KRUMEICH, BRUCE	
STREET ADDRESS	1503 RIDGE TOP WAY	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	HAWKINS, LINDA	
STREET ADDRESS	1443 JASMINE WAY	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	KENT, JOHN	
STREET ADDRESS	1301 EASTFIELD DR.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROGA, LARRY	
STREET ADDRESS	2812 EDENWOOD ST	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MEHOS, BARBARA	
STREET ADDRESS	2244 ST CHARLES DR	
CITY-ST-ZIP	CLEARWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BRUCE KRUMEICH	
1.3 STREET ADDRESS	1503 RIDGE TOP WAY	
1.4 CITY-ST-ZIP	CLEARWATER FL 34626	
2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HAWKINS LINDA	
2.3 STREET ADDRESS	1443 JASMINE WAY	
2.4 CITY-ST-ZIP	CLEARWATER FL 34616	
3.1 TITLE	BRUSCA SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BRUSCA BARBARA	
3.3 STREET ADDRESS	661 FAIRWOOD AVE	
3.4 CITY-ST-ZIP	34619	
4.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HEUCHAN ANNE	
4.3 STREET ADDRESS	712 KARLYN DR	
4.4 CITY-ST-ZIP	CLEARWATER FL 34615	
5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WOOD BETSY	
5.3 STREET ADDRESS	1755 W MAJOR AVE	
5.4 CITY-ST-ZIP	CLEARWATER FL 34625	
6.1 TITLE	DIAPTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	RAPPELEYE LYNN GERRY	
6.3 STREET ADDRESS	22 TERRACE DR	
6.4 CITY-ST-ZIP	CLEARWATER FL 34625	

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Anne Heuchan* **ANNE HEUCHAN** 3-18-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)