

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760494

FILED
Mar 29, 2007
Secretary of State

Entity Name: CLEARWATER AQUATICS BOOSTERS, INC.

Current Principal Place of Business:

1740 IDLE DR
CLEARWATER, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

1740 IDLE DR
CLEARWATER, FL 33756 US

New Mailing Address:

FEI Number: 59-2169574 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEARS, LYN M
1740 IDLE DR
CLEARWATER, FL 33756 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: T () Delete
Name: SEARS, LYNN M
Address: 1740 IDLE DR
City-St-Zip: CLEARWATER, FL 33756

Title: VP () Delete
Name: SMITH, TERESA
Address: 2201 HENNESEN DR
City-St-Zip: CLEARWATER, FL 33764

Title: P () Delete
Name: CARNEVALI, JANET
Address: 681 CASLER AVE
City-St-Zip: CLEARWATER, FL 33755

Title: S () Delete
Name: BLAKELY, LAURA
Address: 1848 STONCER DR
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: SEARS, LYNN M
Address: 1740 IDLE DR
City-St-Zip: CLEARWATER, FL 33756

Title: VP (X) Change () Addition
Name: SMITH, THERESA
Address: 2201 HENNESEN DR
City-St-Zip: CLEARWATER, FL 33764

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

Title: S (X) Change () Addition
Name: COOPERMAN, BLAKELY
Address: 1848 STANCEL DR
City-St-Zip: CLEARWATER, FL 33764

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: LYN M. SEARS

Electronic Signature of Signing Officer or Director

T

03/29/2007

Date