


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90056 042 \*\*\*\*61.25

DOCUMENT # 760494					
1. Entity Name CLEARWATER AQUATICS BOOSTERS, INC.					
Principal Place of Business 1740 IDLE DR CLEARWATER, FL 33756 US		Mailing Address 1740 IDLE DR CLEARWATER, FL 33756 US			
2. Principal Place of Business - No P.O. Box # 2353 Dora Drive		3. Mailing Address 2353 Dora Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Clearwater, FL		City & State Clearwater, FL		4. FEI Number 59-2169574	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 33765	Country USA	Zip 33765	Country USA		
6. Name and Address of Current Registered Agent SEARS, LYN M 1740 IDLE DR CLEARWATER, FL 33756			7. Name and Address of New Registered Agent Name Vicki J. Howard Street Address (P.O. Box Number is Not Acceptable) 2353 Dora Drive City Clearwater FL Zip Code 33765		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Vicki J. Howard, Treasurer</u> DATE <u>4/2/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEARS, LYN M		NAME	HOWARD, VICKI J.	
STREET ADDRESS	1740 IDLE DR		STREET ADDRESS	2353 DORA DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 33756		CITY-ST-ZIP	CLEARWATER, FL 33765	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, THERESA		NAME	SHACKTON, ALEX M.	
STREET ADDRESS	2201 HENNESEN DR		STREET ADDRESS	213 N. LINCOLN AVENUE	
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<del>NO</del>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARNEVALI, JANET		NAME	<del>CARNEVALI, JANET</del>	
STREET ADDRESS	681 CASLER AVE		STREET ADDRESS	<del>681 CASLER AVENUE</del>	
CITY-ST-ZIP	CLEARWATER, FL 33755		CITY-ST-ZIP	<del>CLEARWATER, FL 33755</del>	<u>SAME</u>
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOPERMAN, BLAKELY		NAME	STONEBERG, BERNICE	
STREET ADDRESS	1848 STANCEL DR		STREET ADDRESS	1408 NELSON AVENUE	
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Vicki J. Howard</u>		DATE: <u>4/2/08</u>		DAYTIME PHONE #: <u>724-0421</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	