



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 Suite, Apt. #, etc.		3. Mailing Address 2353 Dora Drive Suite, Apt. #, etc.			
City & State Clearwater, FL		City & State Clearwater, FL		4. FEI Number 59-2169574	
Zip 33765		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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> 4/2/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 NAME SEARS, LYN M STREET ADDRESS 1740 IDLE DR CITY-ST-ZIP CLEARWATER, FL 33756	<input checked="" type="checkbox"/> Delete		TITLE T/D NAME HOWARD, VICKI J. STREET ADDRESS 2353 DORA DRIVE CITY-ST-ZIP CLEARWATER, FL 33765	<input checked="" type="checkbox"/> Addition	
TITLE VP NAME SMITH, THERESA STREET ADDRESS 2201 HENNESEN DR CITY-ST-ZIP CLEARWATER, FL 33764	<input checked="" type="checkbox"/> Delete		TITLE VP NAME SHACKTON, ALEX M. STREET ADDRESS 213 N. LINCOLN AVENUE CITY-ST-ZIP CLEARWATER, FL 33755	<input checked="" type="checkbox"/> Addition	
TITLE P NAME CARNEVALI, JANET STREET ADDRESS 681 CASLER AVE CITY-ST-ZIP CLEARWATER, FL 33755	<input type="checkbox"/> Delete		TITLE NO NAME CARNEVALI, JANET STREET ADDRESS 681 CASLER AVENUE CITY-ST-ZIP CLEARWATER, FL 33755	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME COOPERMAN, BLAKELY STREET ADDRESS 1848 STANDEL DR CITY-ST-ZIP CLEARWATER, FL 33764	<input checked="" type="checkbox"/> Delete		TITLE S NAME STONEBERG, BERNICE STREET ADDRESS 1408 NELSON AVENUE CITY-ST-ZIP CLEARWATER, FL 33755	<input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/2/08 724-0421 <small>Date Daytime Phone #</small>		