

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90334 018 *****61.25

DOCUMENT # 763544

1. Entity Name
CLEARWATER CHARGERS SOCCER CLUB, INC.



Principal Place of Business

**200 MCMULLEN BOOTH RD
CLEARWATER, FL 34619 US**

Mailing Address

**880 BAY ESPLANADE
CLEARWATER, FL 33767 US**

14001483



03182004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2210194

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CATHERINE WEATHERILT
880 BAY ESPLANADE
CLEARWATER, FL 33767**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **ROB O'NAN**
STREET ADDRESS **6923 SPANISH MOSS CIRCLE**
CITY-ST-ZIP **TAMPA, FL**

TITLE **SD**
NAME **VROMAN, CHUCK**
STREET ADDRESS **4056 BRIDGEPORT DRIVE**
CITY-ST-ZIP **SAFETY HARBOR, FL 34695**

TITLE **V**
NAME **KIMBRELL, STEVE**
STREET ADDRESS **1924 HARDING STREET**
CITY-ST-ZIP **CLEARWATER, FL 33765**

TITLE **TD**
NAME **WEATHERILT, CATHY**
STREET ADDRESS **880 BAY ESPLANADE**
CITY-ST-ZIP **CLEARWATER, FL**

TITLE **D**
NAME **PARKER, SANDY**
STREET ADDRESS **1723 OAKDALE LANE E**
CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Cathy Weatherilt / Cathy Weatherilt
Treasurer

3-27-04

(727) 446-5060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #