

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 04, 2008 8:00 am**  
**Secretary of State**

06-04-2008 90003 041 \*\*\*\*70.00

**DOCUMENT # N00000006677**

1. Entity Name  
**CLEARWATER TORNADOES GOLF BOOSTERS, INC.**



Principal Place of Business  
**KEITH MASTORIDES, PRINAPAL  
540 SOUTH HERCULES AVENUE  
CLEARWATER, FL 33756**

Mailing Address  
**CLEARWATER HIGH SCHOOL  
540 SOUTH HERCULES AVENUE  
CLEARWATER, FL 33756**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05142008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**NOT APPLICABLE**

Applied For  
☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KIDWELL, JERRY L  
2684 SABAL SPRINGS CIR  
SUITE 102  
CLEARWATER, FL 33761**

Name **JOHN VEGHTE**  
Street Address (P.O. Box Number is Not Acceptable)  
**1322 DOROTHY DR.**

City **CLEARWATER** FL Zip Code **33764**

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

*John Veghte* **JOHN VEGHTE**

**5/14/08**

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 September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 **VD** ☒ Delete  
NAME **TERHUNE, JOHN C**  
STREET ADDRESS **1377 GREAT OAK DR**  
CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE **VD** ☐ Change ☒ Addition  
NAME **MARK PITCHFORD**  
STREET ADDRESS **1589 OAK LN.**  
CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE **T** ☒ Delete  
NAME **KIDWELL, KYMM N**  
STREET ADDRESS **1808 BUGLE LN**  
CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE **T** ☐ Change ☒ Addition  
NAME **SUSAN VEGHTE**  
STREET ADDRESS **1322 DOROTHY DR.**  
CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE **PD** ☒ Delete  
NAME **KIDWELL, JERRY**  
STREET ADDRESS **2689 SABAL SPRINGS CIR. #102**  
CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE **PD** ☐ Change ☒ Addition  
NAME **JOHN VEGHTE**  
STREET ADDRESS **1322 DOROTHY DR.**  
CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*John Veghte* **JOHN VEGHTE** **5/14/08**

**727-530-4026**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #