

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90081 035 ****61.25

DOCUMENT # N01000004891	
1. Entity Name COUNTRYSIDE HIGH SCHOOL DRAMA BOOSTER CLUB, INC.	

Principal Place of Business 212 WATERVIEW CT SAFETY HARBOR FL 34695	Mailing Address 212 WATERVIEW CT SAFETY HARBOR FL 34695
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J4UJ0100



MOORE CR2E037 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3733218	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ALTNER, JANIS 212 WATERVIEW CT SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

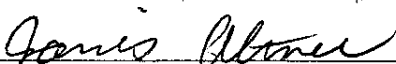
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALTNER, JANIS 212 WATERVIEW CT SAFETY HARBOR FL 34695 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BROWN, WILLIAM 2941 ATWOOD DR CLEARWATER FL 33761 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROSEN, DEBORAH 2922 ELYSION WAY CLEARWATER FL 33759 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LAMASTER, KIMBERLY 2512 CYPRESS BEND DR W CLEARWATER FL 33761 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, BRENDA 2325 BARTON LN CLEARWATER FL 33759 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-04 727-796-9573
Date Daytime Phone #