# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 17, 2006 8:00 am**
**Secretary of State**
01-17-2006 90250 043 ****61.25

DOCUMENT # N01000004891

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

60002808

| Principal Place of Business | Mailing Address |
|---|---|
| 3000 SR 580<br>CLEARWATER, FL 33761 | 2923 ELYSIUM WAY<br>CLEARWATER, FL 33759 |

01042006 Chg-NP CR2E037 (11/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| | 3000 SR 580 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State: Clearwater FL |
| Zip / Country | Zip: 33761 / Country |

4. FEI Number: 59-3733218 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| ARDOIN, JILL<br>2923 ELYSIUM WAY<br>CLEARWATER, FL 33759 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____
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, 2006**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>ARDOIN, JILL<br>2923 ELYSIUM WAY<br>CLEARWATER, FL 33759 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D,S<br>JANE Otte<br>101 Meadowcross Dr.<br>Safety Harbor, FL. 34695 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>ETHEREDGE, VIKI<br>920 EDGEHILL DR.<br>PALM HARBOR, FL 34684 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Lisa Harris<br>1708 Huntington Crt<br>Safety Harbor, FL. 34695 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>KOSKI, MARGARET<br>720 RANCH ROAD<br>TARPON SPRINGS, FL 34688 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>ETHEREDGE, VIKI<br>920 EDGEHILL DRIVE<br>PALM HARBOR, FL 34684 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ROSE, JUDY<br>616 QUAIL KEEP DRIVE<br>SAFETY HARBOR, FL 34695 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ZAZZARO, HARRIET<br>3914 ORCHARD HILL CIRCLE<br>PALM HARBOR, FL 34684 | ☐ Delete | 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 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:** Margaret Koski, Treas. 1.5.06 727.365.3649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #