2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2007
Secretary of State

DOCUMENT# N01000004891

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

Current Principal Place of Business:

3000 SR 580
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

3000 SR 580
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: 59-3733218 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARDOIN, JILL
2923 ELYSIUM WAY
CLEARWATER, FL 33759 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ______________________________
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: ARDOIN, JILL
Address: 2923 ELYSIUM WAY
City-St-Zip: CLEARWATER, FL 33759

Title: DV ( ) Delete
Name: ETHEREDGE, VIKI
Address: 920 EDGEHILL DR.
City-St-Zip: PALM HARBOR, FL 34684

Title: DT ( ) Delete
Name: KOSKI, MARGARET
Address: 720 RANCH ROAD
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D ( ) Delete
Name: HARRIS, LISA
Address: 1708 HUNINGTON CT.
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D ( ) Delete
Name: ROSE, JUDY
Address: 616 QUAIL KEEP DRIVE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D ( ) Delete
Name: ZAZZARO, HARRIET
Address: 3914 ORCHARD HILL CIRCLE
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET L KOSKI T 01/15/2007
Electronic Signature of Signing Officer or Director Date