

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90079 042 \*\*\*\*61.25

**DOCUMENT # N01000008579**

1. Entity Name

CLEARWATER YOUTH LACROSSE INC.



Principal Place of Business

7 VALENCIA CIR.  
SAFETY HARBOR FL 34695

Mailing Address

7 VALENCIA CIR.  
SAFETY HARBOR FL 34695



2. Principal Place of Business

2663 MEGAN CT

Suite, Apt. #, etc.

3. Mailing Address

2663 MEGAN CT.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

Palm Harbor

City & State

Palm Harbor, FL 34684

4. FEI Number

60-0001269

Applied For

Not Applicable

Zip

FL

Country

Pinellas

Zip

34684

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

WOOD, DAN  
7 VALENCIA CIR.  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/23/06

**FILE NOW: 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

TITLE PD  
NAME WOOD, DAN  
STREET ADDRESS 7 VALENCIA CIR.  
CITY-ST-ZIP SAFETY HARBOR FL 34695 ☐ Delete

TITLE VD  
NAME WATKINS, FRED  
STREET ADDRESS 511 MAYO ST N  
CITY-ST-ZIP CRYSTAL BEACH FL 34681 ☐ Delete

TITLE VP  
NAME FRIEDMAN, KEN  
STREET ADDRESS 1107 CHARLES STREET  
CITY-ST-ZIP CLEARWATER FL 33755 ☒ Delete

TITLE VP  
NAME WAGNER, DREW  
STREET ADDRESS 1131 HOWARD STREET  
CITY-ST-ZIP CLEARWATER FL 33756 ☐ Delete

TITLE VD  
NAME FARENGIA, MARY A  
STREET ADDRESS 5848 762ND AVE N  
CITY-ST-ZIP PINELLAS PARK FL 33782 ☒ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE VP  
NAME CARL STROUSE  
STREET ADDRESS 1801 Beachwood  
CITY-ST-ZIP GRAND RAPIDS, MI. 49506 ☒ Addition

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

TITLE ☐ Change ☐ Addition  
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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/06

Date

(727) 743-2782

Daytime Phone #