2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000635

Entity Name: CLEARWATER HEATWAVE BASKETBALL, INC.

FILED May 02, 2004 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
1132 WYATT ST. CLEARWATER, FL 33756						
Current Mailing Address:			New Mailin	New Mailing Address:		
1132 WYATT ST. CLEARWATER, FL 33756						
FEI Number:	91-2188227	FEI Number Applied For ()	El Number Not Applic	cable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
YOUNG, BRUCE R 36402 U.S. HWY. 19 NORTH PALM HARBOR, FL 34684 US 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:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () E HALL, CHRISTOR 1132 WYATT ST CLEARWATER, R		Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	VD ()E MCKELLER, KEN 11258 BAYVIEW CLEARWATER, I	DR.	Title: Name: Address: City-St-Zip:	VD (X) Change () Addition GILGHREST, LADWAYNA 1555 LONG ST. CLEARWATER, FL 33755		
Title: Name: Address: City-St-Zip:	SD () E GILGHREST, LAI 1555 LONG ST. CLEARWATER, I		Title: Name: Address: City-St-Zip:	TD (X) Change () Addition HAMM, CHLOE 904 PENNSYLVANIA AVE. N. CLEARWATER, FL 33755		
Title: Name: Address: City-St-Zip:	TD ()E MCGILL, KARME 15114 TRAIL CR TAMPA, FL 3362	EEK PLACE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition ASHLEY, CRYSTAL 1435 M.L.K. ST. NORTH SAFETY HARBOR, FL 33695		
Title: Name: Address: City-St-Zip: Title:	ASHLEY, CRYST 1435 M.L.K. ST. I SAFETY HARBO	NORTH	Title: Name: Address: City-St-Zip: Title:	D (X) Change () Addition JONES, JEFF 1400 HEAVEN SENT LANE CLEARWATER, FL 33755 () Change () Addition		
Name: Address: City-St-Zip:	JONES, JEFF 1400 HEAVEN SI CLEARWATER, I	ENT LANE	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 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 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: CHRISTOPHER HALL PD 05/02/2004