

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90041 026 ****61.25

DOCUMENT # N03000003420 1. Entity Name CLEARWATER HIGHSCHOOL SOFTBALL BOOSTER CLUB, INC.					
Principal Place of Business 2111 DREW STREET CLEARWATER, FL 33765			Mailing Address 2111 DREW STREET CLEARWATER, FL 33765		
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 01-058-5002	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RIGGS, CHARLES D 2111 DREW STREET CLEARWATER, FL 33765			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOOPE, WANDA		NAME		
STREET ADDRESS	25 MIDWAY ISLAND		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33767		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FULLER, JEANNIE		NAME		
STREET ADDRESS	905 WOODLEY ROAD		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33674		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FOSTER, SHELLY		NAME	DIANA G.C. MONNIER	
STREET ADDRESS	2291 MINNEOLA ROAD		STREET ADDRESS	-1755 OWEN DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP	CLEARWATER, FL 33759	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STEPHENS, BILL		NAME	KIM TINCH	
STREET ADDRESS	2866 CHANCERY LANE		STREET ADDRESS	101 S. OLD COACHMAN RD #905	
CITY-ST-ZIP	CLEARWATER, FL 33759		CITY-ST-ZIP	CLEARWATER, FL 33765	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STANLEY, KAREN		NAME	CATHERINE PURDY	
STREET ADDRESS	1392 WILLIAMS COURT		STREET ADDRESS	1496 FAIRFIELD DR	
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP	CLEARWATER, FL 33764	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____			02-10-04 727 422 0613		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		