# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2005**
**Secretary of State**

DOCUMENT# N04000008406

**Entity Name:** CHS COUGARETTES BOOSTER CLUB, INC.

**Current Principal Place of Business:**

2020 DAWN DR
CLEARWATER, FL 33763

**New Principal Place of Business:**

**Current Mailing Address:**

2020 DAWN DR
CLEARWATER, FL 33763

**New Mailing Address:**

**FEI Number: 20-1215511** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WIELGOLINSKI, JOHN
2020 DAWN DR
CLEARWATER, FL 33763 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: P ( ) Delete
Name: WIELGOLINSKI, JOHN
Address: 3000 STATE ROAD 580
City-St-Zip: CLEARWATER, FL 33761

Title: V ( ) Delete
Name: BIRCH, CAROLINE
Address: 3000 STATE ROAD 580
City-St-Zip: CLEARWATER, FL 33761

Title: T ( ) Delete
Name: SAREN, LORI
Address: 3000 STATE ROAD 580
City-St-Zip: CLEARWATER, FL 33761

Title: S ( ) Delete
Name: ROSE, JUDY
Address: 3000 STATE ROAD 580
City-St-Zip: CLEARWATER, FL 33761

**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: S (X) Change ( ) Addition
Name: LUPI, GLORIA
Address: 3000 STATE ROAD 580
City-St-Zip: CLEARWATER, FL 33761

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: JOHN WIELGOLINSKI P 04/30/2005

Electronic Signature of Signing Officer or Director — Date