

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N92000000454 (0)

1. Corporation Name

CLEARWATER AQUATIC TEAM BOOSTER CLUB, INC.



Principal Place of Business: 1501 N. BELCHER ROAD CLEARWATER FL 34625  
Mailing Address: 1501 N. BELCHER ROAD CLEARWATER FL 34625

3. Date Incorporated or Qualified: 11/24/1992  
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For							
					59-3164776	Not Applicable							
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5	Certificate of Status Desired	\$8.75 Additional Fee Required							
					<input type="checkbox"/>								
23	City & State	28	City & State	6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees							
					<input type="checkbox"/>								
24	Zip	25	Country	29	Zip	30	Country	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

9. Name and Address of Current Registered Agent

TYNAN, JAMES  
1501 N. BELCHER ROAD  
CLEARWATER FL 34525

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 4/24/96  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	RD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, DAVE			1.2 NAME	Holly Dodge		
STREET ADDRESS	1209 ALAMEDA AVENUE			1.3 STREET ADDRESS	849 Edgemoor Dr.		
CITY-ST-ZIP	CLEARWATER FL			1.4 CITY-ST-ZIP	Palm Harbor, FL 34684		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARPENTER, JAY			2.2 NAME	Tim Wooten		
STREET ADDRESS	612 HARBOR ISLAND			2.3 STREET ADDRESS	1109 Palmview		
CITY-ST-ZIP	CLEARWATER FL			2.4 CITY-ST-ZIP	Belleair FL 34614		
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KARLSON, BRUCE			3.2 NAME	Cindy Reinshuttle		
STREET ADDRESS	2031 CORONET LANE			3.3 STREET ADDRESS	2148 Tamarron Terrace		
CITY-ST-ZIP	CLEARWATER FL			3.4 CITY-ST-ZIP	Palm Harbor FL 34683		
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MESSMORE, TARINA			4.2 NAME			
STREET ADDRESS	783 HOUSE WREN CIRCLE			4.3 STREET ADDRESS	783 House Wren Circle		
CITY-ST-ZIP	PALM HARBOR FL			4.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		5.1 TITLE	Don Reed	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WESTLAND, TERESA			5.2 NAME	2726 Wiltshire Ave		
STREET ADDRESS	2453 GLENANN DRIVE			5.3 STREET ADDRESS	Palm Harbor 34685		
CITY-ST-ZIP	CLEARWATER FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 4/24/96 DAYTIME PHONE #: 813-986-2968  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)