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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34625-1339
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3. Date Incorporated or Qualified 11/24/1992	3a. Date of Last Report 05/01/1996
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21. Principal Place of Business Suite, Apt. #, etc	22. Mailing Address Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

4. FEI Number 59-3164776	Applied For Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 **Richard Bishop**
82 Street Address (P.O. Box Number is Not Acceptable)
1501 N Belcher Road
83
84 City **Clearwater** FL 85 Zip Code **34525**

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 **1-14-97**
Signature of officer or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D	Finance Director <input type="checkbox"/> DELETE
NAME	HOLLY DODGE
STREET ADDRESS	849 EDGEHILL DR
CITY-ST-ZIP	PALM HARBOR FL
TITLE PD	President/Director <input type="checkbox"/> DELETE
NAME	TIM WOOTEN
STREET ADDRESS	1104 PALM VIEW
CITY-ST-ZIP	BELLEAIR FL
TITLE DT	Director/Treasurer <input type="checkbox"/> DELETE
NAME	CINDY REINSHUTTE
STREET ADDRESS	2148 TAMARRON TERRACE
CITY-ST-ZIP	PALM HARBOR FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	MESSMORE, TABINA
STREET ADDRESS	783 HOUSE WREN CIRCLE
CITY-ST-ZIP	PALM HARBOR FL
TITLE DS	Director/Secretary <input type="checkbox"/> DELETE
NAME	DAN REED
STREET ADDRESS	2726 WILTSHIRE AVE
CITY-ST-ZIP	PALM HARBOR FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V/D	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dr. Cynthia Raganins
1.3 STREET ADDRESS	2171 Wrens Way
1.4 CITY-ST-ZIP	Clearwater, FL 34624
2.1 TITLE D	Team Incentive <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ellen Schrock
2.3 STREET ADDRESS	3368 Patten Place
2.4 CITY-ST-ZIP	Palm Harbor, FL 34685
3.1 TITLE D	Fund Raising <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Babita Rumble
3.3 STREET ADDRESS	16350 Tiger Trail
3.4 CITY-ST-ZIP	Spring Hill, FL 34610
4.1 TITLE D	Meet Manager/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Kell Kessler
4.3 STREET ADDRESS	3210 Valencia
4.4 CITY-ST-ZIP	Palm Harbor, FL 34685
5.1 TITLE D	Vol. Coordinator <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Linda Brawner
5.3 STREET ADDRESS	1538 Bass Blvd
5.4 CITY-ST-ZIP	Dunedin, FL 34679
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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: *Cindy Reinshutte* **Cindy Reinshutte** DATE: **1-14-97** **813-791-9421**

CR2E037 (9/96)