

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>1501 N. BELCHER ROAD CLEARWATER FL 34625</b>	Mailing Address <b>1501 N. BELCHER ROAD CLEARWATER FL 34625</b>
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3. Date Incorporated or Qualified <b>11/24/1992</b>	
4. FEI Number <b>59-3164776</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip <b>33765</b> 25. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip <b>33765</b> 30. Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**BISHOP, RICHARD  
1501 N. BELCHER RD.  
CLEARWATER FL 34625**

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 **FL 33765**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	FD HOLLY DODGE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	849 EDGEHILL DR PALM HARBOR FL	1.2 NAME	
CITY-ST-ZIP		1.3 STREET ADDRESS	
TITLE	PD TIM WOOTEN	1.4 CITY-ST-ZIP	
STREET ADDRESS	1104 PALM VIEW BELLEAIR FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		2.2 NAME	
TITLE	DT CINDY REINSHUTTLE	2.3 STREET ADDRESS	
STREET ADDRESS	2148 TAMARRON TERRACE PALM HARBOR FL	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		3.1 TITLE	
TITLE	VPD PAGANINI, CYNTHIA D	3.2 NAME	
STREET ADDRESS	2171 WRENS WAY CLEARWATER FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DS DAN REED	4.1 TITLE	VPD Richard Bullock <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2728 WILTSHIRE AVE PALM HARBOR FL	4.2 NAME	2823 Resnik Cir. west
CITY-ST-ZIP		4.3 STREET ADDRESS	Palm Harbor, FL 34683
TITLE	D SCHROCK, ELLEN	4.4 CITY-ST-ZIP	
STREET ADDRESS	3368 PATTIE PLACE PALM HARBOR FL	5.1 TITLE	DS Annette Sexson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP		5.2 NAME	2909 Gulf-to-Bay Blvd # Q-103
TITLE		5.3 STREET ADDRESS	Clearwater, FL 33759
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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]*

CR2E037 (10/97)