## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

# DOCUMENT # N9200000454

1. Corporation Name

### CLEARWATER AQUATIC TEAM BOOSTER CLUB, INC.

Principal Place of Business 1501 N. BELCHER ROAD CLEARWATER FL 33765 Mailing Address

1501 N. BELCHER ROAD CLEARWATER FL 33765

# FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90084 033 \*\*\*\*61.25

386108 - 90084 - 33

US	FL 33765	US			
2. Principal P	lace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed	
21		26		11/24/1992	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-3164776	Not Applicable
City & Stat	e	City & State		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
23		28	Country	6 Flatin Consider Financia	\$5.00 May Be
Zip	Country 25	29 30	¬ '	6. Election Campaign Financing Trust Fund Contribution	Added to Fees
24	9. Name and Address of Current	1	<u> </u>	10. Name and Address of New Registe	
<del></del>	J. Haille and Address of Carlott	regiotores rigoni	81 Name)	The Park To	
			20 01 11	rayles Burgess, JI	
BISHOP, RICHARD			82 Street Address (P.O. Box Number is Not Acceptable)		
1501 N. BELCHER RD.			83		
CLEARWA	TER FL 34525				ion 7th O-4-
			84 Cippa		FL 85 Zip Code 3
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 gent, 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 Mail W. 13 CHARLES W. BURGESS JA. 4/16/99					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	FD	☐ DELETE	l 17	TU	Change
NAME ,	HOLLY DODGE		1.2 NAME		
STREET ADDRESS	849 EDGEHILL DR		1.3 STREET ADDRESS		Į.
CITY-ST-ZIP	PALM HARVOR FL	<b>———</b>	1.4 CITY-ST-ZIP	5370	Change Middition
TITLE	PD	DELETE		DVP	☐ Change Addition
NAME	TIM WOOTEN		2.2 NAME	Jay Carpenter Island	•
STREET ADDRESS	1104 PALM VIEW		i i		14.17
-CITY-ST-ZIP-	BELLEAIR FL	☐ DELETE	2.4 CITY-ST-ZIP	Hearworker 15-337	Change
TITLE	VPD	☐ DETEIE	3.1 TITLE	PF	Dentarigo radiadir
NAME	BULLOCK, RICHARD		3.2 NAME		
STREET ADDRESS	2823 RESNIK CIR WEST		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34683	DELETE	3.4. CITY+ST-ZIP 4.1 TITLE	DS	Change Addition
TITLE	DS ANNUTTE	DEFORE		Janine Warner	- Charles
NAME	SEXSON, ANNETTE	••			
STREET ADDRESS	2909 GULF-TO-BAY BLVD, #Q-19	03		/ <del></del>	ξ
CITY-ST-ZIP	CLEARWATER FL 33759	<b>⊠</b> DELETE		7	Change Addition
TITLE	D	Morre		Janet marchenia	
NAME OTDEET ADDRESS	SCHROCK, ELLEN		5.3 STREET ADDRESS	Janet marchenia D	7
STREET ADDRESS	0000 1711112 1 2 102		5.4 CITY-ST-ZIP		4685
CITY-ST-ZIP TITLE	PALM HARBOR FL	☐ DELETE	6.1 TITLE	Cathe Mar and J. 00	Change Addition
NAME			6.2 NAME		
			6.3 STREET ADDRESS		
STREET ADDRESS			6.4 CITY-ST-ZIP		
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, with all other like empowered.

**SIGNATURE:** 

HELLO STURE HELD TO BE SIGNATURE AND TYPED OR PONTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/99 727-791-9542 Daylime Phone #