


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90221 002 ****61.25

DOCUMENT # N98000004840					
1. Entity Name CLEARWATER HIGH LADY TORNAOES BASKETBALL BOOSTER CLUB, INC.					
Principal Place of Business CLEARWATER HIGH SCHOOL 540 S. HERCULES AVE. CLEARWATER, FL 33764			Mailing Address CLEARWATER HIGH SCHOOL 540 S. HERCULES AVE. CLEARWATER, FL 33764		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3571610	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HAMMOND, JAMES M ESQUIRE 1831 N. BELCHER RD. A-1 CLEARWATER, FL 33765			Name <u>SUSAN W. KOSTACKY</u> Street Address (P.O. Box Number is Not Acceptable) <u>1984 Clarendon Rd</u> <u>Clearwater</u> City <u>Clearwater</u> FL Zip Code <u>33763</u>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Susan W. Kostacky</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4/18/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE DPT NAME HAMMOND, JAMES M STREET ADDRESS 1831 N BELCHER RD A-1 CITY - ST - ZIP CLEARWATER, FL 33765	<input checked="" type="checkbox"/> Delete		TITLE DPT NAME KOSTACKY, SUSAN W. STREET ADDRESS 1984 Clarendon Rd CITY - ST - ZIP Clearwater, FL 33763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DVPS NAME KOSTACKY, SUSAN W STREET ADDRESS 1984 CLAREDON RD CITY - ST - ZIP CLEARWATER, FL 33763	<input checked="" type="checkbox"/> Delete		TITLE DVPS NAME McELRAVY, Kamille M. STREET ADDRESS 1636 SW 8th Ave. CITY - ST - ZIP Clearwater, FL 33766	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BARBER, F. DAVID STREET ADDRESS 2160 OAK GROVE DR CITY - ST - ZIP CLEARWATER, FL 33764	<input checked="" type="checkbox"/> Delete		TITLE D NAME Carannante, Peggy STREET ADDRESS 8900 90th way N. CITY - ST - ZIP Seminole, FL 33777	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Susan W. Kostacky</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>4/18/06</u> (727) 461-7004 <small>Date Daytime Phone #</small>	