

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90045 013 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01232007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-3571610				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOSTACKY, SUSAN W 1984 CLARENDON ROAD CLEARWATER, FL 33763			7. Name and Address of New Registered Agent Name: <u>JOANNE RYAN</u> Street Address (P.O. Box Number is Not Acceptable): <u>2078 Susan LN</u> City: <u>SAFETY HARBOR</u> FL <u>34695</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>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: <u>2-12-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	DVPS MCELRAVY, KAMILLE M <input type="checkbox"/> Delete 1636 SUFFOLK DRIVE CLEARWATER, FL 33756		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT KOSTACKY, SUSAN W <input checked="" type="checkbox"/> Delete 1984 CLAREDON RD CLEARWATER, FL 33763		TITLE DPT NAME STREET ADDRESS CITY-ST-ZIP	<u>JOANNE RYAN</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>2078 Susan LN</u> <u>Safety Harbor, FL 34695</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARANNANTE, PEGGY <input type="checkbox"/> Delete 8900 99TH WAY NORTH SEMINOLE, FL 33777		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	
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	
12. 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>Kamille McElravy</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>2-12-07</u> Daytime Phone #: <u>(727) 692-8393</u>		