

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004840

FILED  
Mar 31, 2009  
Secretary of State

**Entity Name:** CLEARWATER HIGH LADY TORNADOES BASKETBALL BOOSTER CLUB, INC.

**Current Principal Place of Business:**

CLEARWATER HIGH SCHOOL  
540 S. HERCULES AVE.  
CLEARWATER, FL 33764

**New Principal Place of Business:**

**Current Mailing Address:**

CLEARWATER HIGH SCHOOL  
540 S. HERCULES AVE.  
CLEARWATER, FL 33764

**New Mailing Address:**

**FEI Number:** 59-3571610

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

RYAN, JOANNE  
2078 SWAN LN  
SAFETY HARBOR, FL 34695 US

**Name and Address of New Registered Agent:**

EGGER, FONTAYNE DT  
1010 S HERCULES AV  
CLEARWATER, FL 33764 US

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.

SIGNATURE: FONTAYNE EGGER

03/31/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DVPS ( ) Delete  
Name: MCELRAVY, KAMILLE M  
Address: 1636 SUFFOLK DRIVE  
City-St-Zip: CLEARWATER, FL 33756

Title: DPT ( ) Delete  
Name: RYAN, JOANNE  
Address: 2078 SWAN LN  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D ( ) Delete  
Name: CROWE, COLLEEN  
Address: 1439 DEXTER DRIVE  
City-St-Zip: CLEARWATER, FL 33756

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: CECIL, KIM DP  
Address: 1246 PALM ST  
City-St-Zip: CLEARWATER, FL 33755

Title: DVP (X) Change ( ) Addition  
Name: CROWE, COLLEEN DVP  
Address: 1439 DEXTER DR  
City-St-Zip: CLEARWATER, FL 33764

Title: DS (X) Change ( ) Addition  
Name: ALVAREZ, KATHRYN DS  
Address: 2600 BEACH TRAIL 1A  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: DT ( ) Change (X) Addition  
Name: EGGER, FONTAYNE DT  
Address: 1010 S HERCULES AV  
City-St-Zip: CLEARWATER, FL 33764

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FONTAYNE EGGER

DT

03/31/2009

Electronic Signature of Signing Officer or Director

Date