

**FILED****Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90083 012 \*\*\*\*61.25

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT****DOCUMENT # N98000005524**1. Entity Name  
COUNTRYSIDE WRESTLING BOOSTER CLUB, INC.Principal Place of Business  
3000 STATE RD 580  
CLEARWATER, FL 33761 USMailing Address  
918 WYNGATE CT  
SAFETY HARBOR, FL 34695 US

40047189



01102006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**4. FEI Number  
59-3573407Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

TURTZO, CRAIG  
2637 WESTVIEW CT  
CLEARWATER, FL 33761**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE DS  
NAME GOSTELL, MALISSA America Deupree  
STREET ADDRESS 3275 MALBARY 303 Banana Street  
CITY-ST-ZIP CLEARWATER, FL 33761 OZONA, FL 34660TITLE DT  
NAME PARRY, ED Sharon Parry  
STREET ADDRESS 913 WYNGATE CT  
CITY-ST-ZIP SAFETY HARBOR, FL 34695TITLE DP  
NAME INCORVIA, DAVID  
STREET ADDRESS 918 WYNGATE CT  
CITY-ST-ZIP SAFETY HARBOR, FL 34695TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #