

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90125 041 ****61.25

DOCUMENT # N98000005524

1. Entity Name
COUNTRYSIDE WRESTLING BOOSTER CLUB, INC.



Principal Place of Business
3000 STATE RD 580
CLEARWATER, FL 33761 US

Mailing Address
918 WYNGATE CT
SAFETY HARBOR, FL 34695 US



03192007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3573407

Applied For
Not Applicable

5. 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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DS
NAME DRUPREE, AMERICA
STREET ADDRESS 303 BANANA STREET
CITY-ST-ZIP OZONA, FL 34660

TITLE DT
NAME PARRY, SHARON
STREET ADDRESS 913 WYNGATE CT
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE DP
NAME INCORVIA, DAVID
STREET ADDRESS 918 WYNGATE CT
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

3/19/07

Date

727-7990965

Daytime Phone #