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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000005594

1. Corporation Name

CLEARWATER HIGH SOCCER BOOSTER CLUB, INC.

Principal Place of Business	Mailing Address
540 SOUTH HERCULES AVE. CLEARWATER FL 33764	540 SOUTH HERCULES AVE. CLEARWATER FL 33764

2. Principal Place of Business 21	2a. Mailing Address 26 614 SMALLWOOD CIR.	3. Date Incorporated or Qualified 09/29/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 CLEARWATER	4. FEI Number 59 3540428 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 FLORIDA	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 33755 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MERKLE, ROBERT 614 SMALLWOOD CIRCLE CLEARWATER FL 33755	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE ROBERT MERKLE DATE 4/20/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE D 1.2 NAME PRESIDENT 1.3 STREET ADDRESS ROBERT MERKLE 1.4 CITY-ST-ZIP 614 SMALLWOOD CIRCLE CLEARWATER, FL 33755	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE D 2.2 NAME VICE PRESIDENT 2.3 STREET ADDRESS ROBERT GREGG 2.4 CITY-ST-ZIP 1008 WOODRUFF AVE CLEARWATER, FL 33756	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE D 3.2 NAME SECRETARY 3.3 STREET ADDRESS EILEEN MAGRUM 3.4 CITY-ST-ZIP 2218 BASCUM WAY CLEARWATER, FL 33764	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME TREASURER 4.3 STREET ADDRESS ANGELA MERKLE 4.4 CITY-ST-ZIP 614 SMALLWOOD CIRCLE CLEARWATER, FL 33755	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED ROBERT MERKLE 4/20/99 727 4491379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #