

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000005594	
1. Entity Name CLEARWATER HIGH SOCCER BOOSTER CLUB, INC.	

Principal Place of Business 540 SOUTH HERCULES AVE. CLEARWATER, FL 33764	Mailing Address 1204 JACKSON ROAD CLEARWATER, FL 33755 US
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DO NOT WRITE IN THIS SPACE



03182006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3540428	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MELGES, CHARLES 333 MIDWAY ISLAND CLEARWATER, FL 33767
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IN THIS SPACE**

6. 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 file if applicable. (NOTE: Registered Agent signature required when reappointing) 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MELGES, CHARLES 333 MIDWAY ISLAND CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRAFF, DENISE 1236 WELLINGTON DR CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FERRIS, SHERYL 1204 JACKSON ROAD CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/11/06-80047-013 70.00

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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: *Sheryl Ferris* **3/23/06 727 7236**
SIGNATURE AND TYPED OR PRINTED NAME OF SHOWING OFFICER OR DIRECTOR Date Daytime Phone #