

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90053 049 \*\*\*\*61.25

**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**

40023626



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02222007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-3540428**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MELGES, CHARLES  
333 MIDWAY ISLAND  
CLEARWATER, FL 33767**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME MELGES, CHARLES  
STREET ADDRESS 333 MIDWAY ISLAND  
CITY-ST-ZIP CLEARWATER, FL 33767

TITLE ☒ Change ☐ Addition  
NAME **DICKINSON, ROBERT**  
STREET ADDRESS **1247 S. Myrtle Ave**  
CITY-ST-ZIP **Clearwater FL 33756**

TITLE VD ☒ Delete  
NAME GRAFF, DENISE  
STREET ADDRESS 1236 WELLINGTON DR  
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME FERRIS, SHERYL  
STREET ADDRESS 1204 JACKSON ROAD  
CITY-ST-ZIP CLEARWATER, FL 33755

TITLE ☒ Change ☐ Addition  
NAME **DICKINSON, MERCEDES**  
STREET ADDRESS **1247 S. Myrtle Ave.**  
CITY-ST-ZIP **Clearwater, FL 33756**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Robert C. Dickinson, Jr. **Pres. CHSSBC** 2/22/07 **727-462**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone