2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# N98000005594

Entity Name: CLEARWATER HIGH SOCCER BOOSTER CLUB, INC.

Current Principal Place of Business:

540 SOUTH HERCULES AVE.
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

540 SOUTH HERCULES AVE.
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: 59-3540428 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MELGES, CHARLES
333 MIDWAY ISLAND
CLEARWATER, FL 33767 US

Name and Address of New Registered Agent:

EADS, TRACY R MRS.
2437 SUMMERLIN DRIVE
CLEARWATER, FL 33764 US

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.

SIGNATURE: TRACY R. EADS 02/24/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PURDY, WAYNE
Address: 1496 FAIRFIELD DR
City-St-Zip: CLEARWATER, FL 33764

Title: D ( ) Delete
Name: SCHMEISER, ANGELA
Address: 540 S HERCULES AVE
City-St-Zip: CLEARWATER, FL 33764

Title: STD ( ) Delete
Name: DICKINSON, MERCEDES
Address: 1247 S. MYRTLE AVE.
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SMYRSKI, STEPHANIE
Address: 7154 64TH WAY NORTH
City-St-Zip: PINELLAS PARK, FL 33781

Title: STD (X) Change ( ) Addition
Name: EADS, TRACY R
Address: 2437 SUMMERLIN DRIVE
City-St-Zip: CLEARWATER, FL 33764

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACY R. EADS STD 02/24/2009
Electronic Signature of Signing Officer or Director Date