

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 8:00 am
Secretary of State

02-01-2006 90010 018 ****70.00

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1. Entity Name
TORNADO TOUCHDOWN BOOSTER CORP.



Principal Place of Business
**540 HERCULES AVE.
CLEARWATER, FL 33764**

Mailing Address
**P.O. BOX 8112
CLEARWATER, FL 33758-8112**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



01262006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3716471

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HUTCHCRAFT, MARY
2363 GLENMORE ROAD NORTH
CLEARWATER, FL 33764**

7. Name and Address of New Registered Agent

Name **Neil Zielinski**

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

1345 MarJohn Av

City **Clearwater**

FL

Zip Code **33756**

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

Neil Zielinski

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-06

**Filing Fee is \$61.25
Due by May 1, 2006**

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

TITLE **P** ☐ Delete
NAME **ZIELINSKI, NEIL**
STREET ADDRESS **1345 MAKJOHN AVENUE**
CITY-ST-ZIP **CLEARWATER, FL 33756**

TITLE **S** ☒ Delete
NAME **ANDERSON, TRINA**
STREET ADDRESS **3102 BRIGADOON DR**
CITY-ST-ZIP **CLEARWATER, FL 33759**

TITLE **T** ☒ Delete
NAME **HUTCHCRAFT, SID**
STREET ADDRESS **2263 GLENWOOD RD. N**
CITY-ST-ZIP **CLEARWATER, FL 33769**

TITLE **P** ☒ Delete
NAME **HURCHCRAFT, MARY**
STREET ADDRESS **2263 GLENWOOD RD. N**
CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **Neil Zielinski**
STREET ADDRESS **1345 MarJohn Av.**
CITY-ST-ZIP **Clearwater, FL 33756**

TITLE **S** ☒ Change ☐ Addition
NAME **Carol Strickland**
STREET ADDRESS **1634 Laura St**
CITY-ST-ZIP **Clearwater, FL 33755**

TITLE **P** ☒ Change ☐ Addition
NAME **Claire Braun**
STREET ADDRESS **1670 Pinewood Dr**
CITY-ST-ZIP **Clearwater, FL 33756**

TITLE **VP** ☒ Change ☐ Addition
NAME **Mark Becker**
STREET ADDRESS **2071 Okadia Dr**
CITY-ST-ZIP **Clearwater, FL 33764**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Neil Zielinski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-06