


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90768 034 ****61.25

DOCUMENT # N98000006140	
1. Entity Name TORNADO SPIRIT BOOSTERS, INC.	

Principal Place of Business 540 S. HERCULES CLEARWATER FL 33675	Mailing Address 540 S. HERCULES CLEARWATER FL 33675
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-3456704	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ICENOGL, ZORINA W C/O CLEARWATER HIGH SCHOOL 540 S. HERCULES CLEARWATER FL 33765

7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MACKAY, DEBRA		NAME	
STREET ADDRESS 2281 MANOR BLVD		STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL 33765		CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GREEN, ROBIN		NAME	
STREET ADDRESS 1001 N GREENWOOD AVE.		STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL 33755		CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOKWA, KIM		NAME	
STREET ADDRESS 1744 EMERALD DR.		STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL 33756		CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JAKUBZAK, SUE		NAME	
STREET ADDRESS 935 LAKE FOREST RD.		STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL 33765		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 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: *Debra Mackay* **3/10/04** **796-1213**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #