

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006581

FILED
Jan 26, 2007
Secretary of State

Entity Name: CLEARWATER HIGH TORNAOES BASKETBALL TIP-OFF CLUB, INC.

Current Principal Place of Business:

540 S HERCULES AVE, CLEARWATER H.S.
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

540 S HERCULES AVE, CLEARWATER H.S.
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: 59-3566711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOUCKS, LINCOLN
1444 DEXTER
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: TSHUDY, ANGELA
Address: 1555 ILLINOIS RD
City-St-Zip: CLEARWATER, FL 33756

Title: SD () Delete
Name: O'ROURKE, Nanci
Address: 609 FLORIDA AVE.
City-St-Zip: CLEARWATER, FL 33756

Title: DP () Delete
Name: LOUCKS, LINCOLN
Address: 1444 DEXTER
City-St-Zip: CLEARWATER, FL 33756

Title: VPD () Delete
Name: SCHOLL, SCOTT
Address: 1617 SAND KEY COURT
City-St-Zip: CLEARWATER BEACH, FL 33767

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: HOLT, ABBY
Address: 1171 CANDLER ROAD
City-St-Zip: CLEARWATER, FL 33765

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ABBY HOLT

DT

01/26/2007

Electronic Signature of Signing Officer or Director

Date