2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2009
Secretary of State

DOCUMENT# N98000006581

Entity Name: CLEARWATER HIGH TORNADOES 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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HOLT, ABBY K
1171 CANDLER ROAD
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

CHACONAS, STEPHANIE
217 PALM ISLAND SW
CLEARWATER, FL 33767 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: STEPHANIE CHACONAS 08/17/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change ( ) Addition
Name: CHACONAS, STEPHANIE
Address: 217 PALM ISLAND SW
City-St-Zip: CLEARWATER, FL 33767

Title: DP (X) Change ( ) Addition
Name: BROWN, PAUL
Address: 1861 N.KEENE RD.
City-St-Zip: CLEARWATER, FL 33755

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: STEPHANIE CHACONAS DT 08/17/2009
Electronic Signature of Signing Officer or Director Date