

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90035 004 ****61.25

DOCUMENT # N99000001258			
1. Entity Name CLEARWATER LADY BOMBERS, INC.			
Principal Place of Business % BOLLENBACK & FORRET, P.A. 1000 PINELLAS ST CLEARWATER, FL 33756		Mailing Address % BOLLENBACK & FORRET, P.A. 1000 PINELLAS ST CLEARWATER, FL 33756	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BOLLENBACK, MICHAEL % BOLLENBACK & FORRET, P.A. 1000 PINELLAS ST CLEARWATER, FL 33756		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 <i>Lynda Estes</i> - LYNDA ESTES, TREASURER 3/10/08		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PALUMBO, RICK 2980 KENSINGTON DR TARPON SPRINGS, FL 34688	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AGEN, MARCY 540 14 STREET PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ESTES, LYNDA 4345 RIDGEMOOR DR. N. PALM HARBOR, FL 34685	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PAGES, RACHEL 4996 FELECITY WAY PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ZALEWSKI, MICHELLE 10423 KUMQUAT LN SEMINOLE, FL 33772	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PAVLOCK, WILLIAM 411 MANDR BLVD PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MARTIN, BRUCE 8453 FLAGSTONE DRIVE TAMPA, FL 33615	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PAVLOCK, WILLIAM 411 MANDR BLVD PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Lynda Estes</i> - LYNDA ESTES 3/10/08		TREASURER 813-366-4189	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

00000623



03072008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3061592

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOLLENBACK, MICHAEL
% BOLLENBACK & FORRET, P.A.
1000 PINELLAS ST
CLEARWATER, FL 33756

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

Lynda Estes - **LYNDA ESTES, TREASURER** 3/10/08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

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	DP	<input type="checkbox"/> Delete
NAME	PALUMBO, RICK	
STREET ADDRESS	2980 KENSINGTON DR	
CITY-ST-ZIP	TARPON SPRINGS, FL 34688	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ESTES, LYNDA	
STREET ADDRESS	4345 RIDGEMOOR DR. N.	
CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ZALEWSKI, MICHELLE	
STREET ADDRESS	10423 KUMQUAT LN	
CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MARTIN, BRUCE	
STREET ADDRESS	8453 FLAGSTONE DRIVE	
CITY-ST-ZIP	TAMPA, FL 33615	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGEN, MARCY	
STREET ADDRESS	540 14 STREET	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGES, RACHEL	
STREET ADDRESS	4996 FELECITY WAY	
CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAVLOCK, WILLIAM	
STREET ADDRESS	411 MANDR BLVD	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE:

Lynda Estes - **LYNDA ESTES** 3/10/08
TREASURER 813-366-4189

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #