

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 20, 2004 8:00 am**  
**Secretary of State**

08-20-2004 90008 032 \*\*\*\*61.25

<b>DOCUMENT # N99000005358</b> 1. Entity Name <b>CLEARWATER HIGH SCHOOL VOLLEYBALL BOOSTER CLUB, INC.</b>					
Principal Place of Business <b>540 S. HERCULES AVE. CLEARWATER, FL 33764</b>			Mailing Address <b>540 S. HERCULES AVE. CLEARWATER, FL 33764</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>NOT APPLICABLE</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BABY, MISSY 1363 SUMMERLIN DRIVE CLEARWATER, FL 33764</b>			7. Name and Address of New Registered Agent Name <b>Beth Ann Fisher</b> Street Address (P.O. Box Number is Not Acceptable) <b>2075 Envoy Ct.</b> City <b>Clearwater</b> <b>FL</b> Zip Code <b>33764</b>		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>Beth Ann Fisher</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>7/26/04</b> <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>BABY, MISSY 1363 SUMMERLIN DRIVE CLEARWATER, FL 33764</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>Beth Ann Fisher 2075 Envoy Ct Clearwater FL 33764</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>MENNA, ELIA 755 BAY ESPLANADE CLEARWATER, FL 33767</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>Judy Betourne 804 Richards Ave. Clearwater FL 33775</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>CASE, GRACE 1155 GLENMOOR CT CLEARWATER, FL 33764</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>HEGH, CAROL 2125 LAKEVIEW ROAD CLEARWATER, FL 33764</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS 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.					
<b>SIGNATURE:</b>		<b>Beth Ann Fisher</b>		<b>7/26/04</b>	<b>(727) 535-4234</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>		<small>DAYTIME PHONE #</small>	