

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005358

FILED  
May 27, 2005  
Secretary of State

**Entity Name:** CLEARWATER HIGH SCHOOL VOLLEYBALL BOOSTER CLUB, INC.

**Current Principal Place of Business:**

540 S. HERCULES AVE.  
CLEARWATER, FL 33764

**New Principal Place of Business:**

**Current Mailing Address:**

540 S. HERCULES AVE.  
CLEARWATER, FL 33764

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

**Name and Address of New Registered Agent:**

FISHER, BETH ANN  
2075 ENVOY CT.  
CLEARWATER, FL 33764 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FISHER, BETH ANN  
Address: 2075 ENVOY CT  
City-St-Zip: CLEARWATER, FL 33764

Title: VPD ( ) Delete  
Name: BETOURNE, JUDY  
Address: 804 RICHARDS AVE.  
City-St-Zip: CLEARWATER, FL 33775

Title: TD ( ) Delete  
Name: CASE, GRACE  
Address: 1155 GLENMOOR CT  
City-St-Zip: CLEARWATER, FL 33764

Title: SD ( ) Delete  
Name: HEGH, CAROL  
Address: 2125 LAKEVIEW ROAD  
City-St-Zip: CLEARWATER, FL 33764

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: TD (X) Change ( ) Addition  
Name: SCHOLZ, AMY  
Address: 1313 FAIRFIELD DR.  
City-St-Zip: CLEARWATER, FL 33764

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 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 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: BETH ANN FISHER

PRES

05/27/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date