

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 16, 2004 8:00 am  
Secretary of State**

04-16-2004 90088 048 \*\*\*\*61.25

<b>DOCUMENT # N99000005922</b>		
1. Entity Name <b>COUNTRYSIDE HIGH SCHOOL CHEERLEADING BOOSTER CLUB, INC.</b>		

Principal Place of Business <b>COUNTRYSIDE HIGH SCHOOL 3000 STATE ROAD 580 CLEARWATER, FL 33761</b>	Mailing Address <b>COUNTRYSIDE HIGH SCHOOL 3000 STATE ROAD 580 CLEARWATER, FL 33761</b>
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

04132004 Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3608478</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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	
<b>ARNOLD, BARBARA</b> <b>A</b> <b>2615 FRISCO DRIVE</b> <b>CLEARWATER, FL 33761</b>		Name _____  Street Address (P.O. Box Number is Not Acceptable)   City <b>FL</b> 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 \_\_\_\_\_  
 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, 2004**

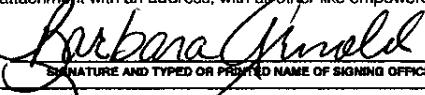
9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00 May Be  
Added to Fees**

Make check payable to  
**Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARNOLD, BARBARA 2615 FRISCO DRIVE CLEARWATER, FL 33761	<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	VP BAGNIEFSKI, KRIS 2724 REDFORD COURT EAST CLEARWATER, FL 33761	<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	SD ROBERTS, SHELagh 3388 ATWOOD COURT CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>SD Shottland, Kathy 2953 Deer Run S. Clearwater, FL 33761</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REPOGLE, BEVERLY 230 LOTUS DRIVE SAFETY HARBOR, FL 34695	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>TD Cockerham, Cherie 2827 Anderson Dr. N. Clearwater, FL 33761</i>
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 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.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-04 727-996 9575  
Date Daytime Phone #