

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005922

FILED
Feb 18, 2008
Secretary of State

Entity Name: COUNTRYSIDE HIGH SCHOOL CHEERLEADING BOOSTER CLUB, INC.

Current Principal Place of Business:

COUNTRYSIDE HIGH SCHOOL
3000 STATE ROAD 580
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

COUNTRYSIDE HIGH SCHOOL
3000 STATE ROAD 580
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: 59-3608478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAILING, ANITA M
1705 ANGLERS COURT
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

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: FISLER, LISA
Address: 1119 KNOLLWOOD DR.
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: VPD () Delete
Name: LINKFIELD, DONNA
Address: 1885 COUNTY ROAD 193
City-St-Zip: CLEARWATER, FL 33759 US

Title: SD () Delete
Name: EYE, JODE
Address: 3141 MASTERS DRIVE
City-St-Zip: CLEARWATER, FL 33761 US

Title: TD () Delete
Name: KAILING, ANITA M
Address: 1705 ANGLERS COURT
City-St-Zip: SAFETY HARBOR, FL 34695 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ANITA M. KAILING

TD

02/18/2008

Electronic Signature of Signing Officer or Director

Date