| | | | - | | | · - | | | |
|--|---|---|---|--|--|---|---|------------------------|--------------|
| | | <u>W: FILING 1</u> | FEE IS \$61. | .2 | | | | | |
| | ONPROFIT | | FLORIDA DEPARTI | ME F STATE | | | | | |
| | RPORATION JAL REPORT | | Sandra B. | | | | | | |
| | 1996 | | Secretary DIVISION OF CO | | | | | | |
| | | 701007 | | | | | | | |
| DOCU 1. Corporation | MENT # 7 | 701097 | (8) | | | | | | |
| | | IRCH OF CLEARW | ATER, INC., CLE | AR' | | | | | |
| | FLORIDA | | | | 1 1 1 1 1 1 1 1 1 1 | | | | |
| Principal Place | of Business | Mai | ing Address | | | | | | |
| 1812 N.HIGHLAND AVE. | | | 1812 N.HIGHLAND AVE. | | | | | | |
| CLEARWATE | R FL 34615 | CL | EARWATER FL 34615 | | | | | | |
| | | | | | 3. Date Incorpor 06/18/1 | ated or Qualified | 3a. Date of Last I | Report | |
| 2. Principal Pl | ace of Business | 2a. | Mailing Address | | 4. FEI Number | | 03/30/19 | pplied For | |
| 21 | | 26 | - | | 59-099 | 3928 | - | lot Applicable | |
| Suite, Apt. | #, Otc. | 27 | Suite, Apt. #, etc. | | 5. Certificate of S | Status Desired | 1 1 | Additional Required | |
| City & State | е | | City & State | | 6. Election Camp | paign Financing | \$5.00 |) May Be | |
| Zip | Cour | 28 | Zip | Circlitry | Trust Fund Co | | Added | to Fees | |
| 24 | 25 | 29 | 3 | 0 | Florida Statute | | Yes No | 199.032, | |
| | 9. Name and Add | ress of Current Registe | ered Agent | 81 Name | 10. Name and A | ddress of New Reg | istered Agent | | |
| LANGHO | OLZ, DOUGLAS F. | | | | WHITENE Address (P.O. Box Number | K, C. | 2HILLIF | <u> </u> | |
| | HIGHLAND AVE. | | | 83 | 1812 N. 1 | FIGHLAN | 10 AVEN | UE | |
| CLEAN | /ATER FL 33515 | | | | | | | | |
| | | | | 84 City | CLEARWAT | | FL 85 3 | Code 41015 | |
| or register | red agent, or both, in th | ctions 617.0502 and 617 ne State of Florida. Such | change was authorized t | the at ve-named or oy the orporation's | orporation submits this state board of directors. I hereb | ement for the purpor y accept the appoint | se of changing its re tment as registered a | gistered office | |
| signature | in, and accept the bell | gations of, Section 617.0 | 503, Florida Statutes. | | | | 3/31/96 | | |
| 12. | Signature, typed or printed nar | ne of regulated agent and title if ap OFFICERS AND DIRECT | olicabie. (NOTE: F | Agent signature | required when reinstating: | IANGES TO OFFICE | DATE | ·· - | ଦ୍ର |
| TITLE | PD | | DELETE | 11: E | ADDITIONS OF | IANGES TO OFFICE | Change | Addition | E037 (12/95) |
| NAME | HILDEBRANDT, 1812 N. HIGHLA | | | 1.2 ME | | | | Ì | 37 |
| STREET ADDRESS CITY - ST - ZIP | CLEARWATER F | | _ | 1.3 FEET ADDRESS 1.4 Y-ST-ZIP | | | | | |
| TITLE | SD TED | | DELETE | 21 E | YD | .0.10-1.1 | Change | Addition | 2 |
| NAME STREET ADDRESS | Foster ted 1812 N. Highla | ND AVE. | | 22 ME 23 EET ADDRESS | TIEMAN, 1 1812 N. H CLEARWAT | MWKENC | E AVFALUE | | |
| CITY-ST-ZIP | CLEARWATER F | | | 2.4 Y-ST-ZIP | CLEARWAT | ER. K | 34615 | | |
| TITLE NAME | D Conklin, Barb | ARA | OFLETE | 31 E | 15D | | Change | Addition | |
| STREET ADDRESS | 1812 N. HIGHLA | | | 3.2 ME 3.3 SHEET ADDRESS | STILL EV | ELIEN EHLYND | MENILE | | |
| CITY-ST-ZIP | CLEARWATER F | L 34615 | | 3.4 OTY-ST-ZIP | CLEARWATE | R. FL | 34615 | | |
| TITLE NAME | D Marie Hansen | | DELETE | 4.1 TITLE 4. 2 NAME | | | Change | ☐ Addition | |
| STREE1 ADDRESS | 1812 N. HIGHLA | ND AVE. | | 4.3 STHEET ADDRESS | | | | | |
| CITY-ST-ZIP TITLE | CLEARWATER F | <u>L</u> | DELETE | 44 CTY-ST-ZIP 51 TILLE | | ···· | Change | T same | |
| NAME | | | Detect | 52 N ME | | | ☐ Change | Addition | |
| STREET ADDRESS | | | | 53 S REET ADDRESS | | | | | |
| CITY-ST-ZIP TITLE | <u> </u> | | DELETE | 5.4 CITY-ST-ZIP 61 TITLE | | | Change | Addition | |
| NAME | | | | 6.2 NAME | | | E.J Orlango | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | | | |
| 14. I do hereb | y certify that the inform | nation supplied with this fi | ing is voluntarily furnishe | 6 4 CITY-ST-ZIP d and does not qua | lify for the exemption state | d in Section 119.07(| 3)(k), Florida Statutes | s. I further | |
| certify that oath; that appears in | tine information indicated am an officer or direct Block 12 of Block 12 | ted on this annual report of for of the corporation or to illight annual or go an atter | or supplemental annual r he receiver or trusteelen honest with an addless | eport is true and ac apowered to execut | curate and that my signatu e this report as required by | re shall have the san Chapter 617, Florida | ne legal effect as if n a Statutes; and that | nade under my name | |
| | (), | | WILL WILL BIT BOOKS | L | ja | . / 1 | 1 1 | _ | |
| SIGNAT | URE: SIGNATI | M CALL | AME OF SIGNING OFFICE OF | DIRECTOR | | 31/96 Date | Daytime Phone # | 5026 | |