


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

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 722579	
1. Entity Name CLEARWATER FOR YOUTH, INC.	

Principal Place of Business 1501 N. BELCHER RD. SUITE 236 CLEARWATER, FL 33765 US	Mailing Address 1501 N. BELCHER RD. SUITE 236 CLEARWATER, FL 33765 US
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DO NOT WRITE IN THIS SPACE

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04022004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1408073	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WATTS, STEPHEN G. ESQ.
611 DRVID RD. SUITE 102
CLEARWATER, FL 34616**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000104130 04/05/04-90085-016 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FISHER, WILLIAM 2075 ENVOY COURT, NORTH CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, RON 1100 BROOKSIDE DRIVE CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C WEAVER, CHARLES 12507 BRONCO DRIVE TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WATTS, STEPHEN G. 611 DRVID RD. STE 102 CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS GILMAN, CRAIG 33 GARDEN AVE N CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOAG, DARRELL 2436 STATE ROAD 580 CLEARWATER, FL

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IN THIS SPACE**

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: *Ron Miller* **RON MILLER** 4/2/04 (727) 725-4004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #