# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 21, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # 722579

1. Entity Name
CLEARWATER FOR YOUTH, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1501 N. BELCHER RD. SUITE 236<br>CLEARWATER, FL 33765 US | 1501 N. BELCHER RD. SUITE 236<br>CLEARWATER, FL 33765 US |

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04192006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
59-1408073
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | FISHER, WILLIAM |
| STREET ADDRESS | 2075 ENVOY COURT, NORTH |
| CITY-ST-ZIP | CLEARWATER, FL |
| TITLE | D |
| NAME | MILLER, RON |
| STREET ADDRESS | 1100 BROOKSIDE DRIVE |
| CITY-ST-ZIP | CLEARWATER, FL |
| TITLE | C |
| NAME | WEAVER, CHARLES |
| STREET ADDRESS | 12507 BRONCO DRIVE |
| CITY-ST-ZIP | TAMPA, FL 33625 |
| TITLE | D |
| NAME | WATTS, STEPHEN G. |
| STREET ADDRESS | 611 DRVID RD. STE 102 |
| CITY-ST-ZIP | CLEARWATER, FL |
| TITLE | TS |
| NAME | GILMAN, CRAIG |
| STREET ADDRESS | 33 GARDEN AVE N |
| CITY-ST-ZIP | CLEARWATER, FL |
| TITLE | D |
| NAME | HOAG, DARRELL |
| STREET ADDRESS | 2436 STATE ROAD 580 |
| CITY-ST-ZIP | CLEARWATER, FL |

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05/04/06-80002-012 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Charles "Trip" Weaver 4/19/06 (727) 725-4004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CHARLES "TRIP" WEAVER, CHAIRMAN