SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $200)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 29 AM 8:15

DOCUMENT # 737514 (0)

1. Corporation Name
WINDLASSES OF THE WINDJAMMERS OF CLEARWATER, INC

Principal Place of Business	Mailing Address
5152 58 LANE N. KENNETH CITY FL 33709	5152 58 LANE N. KENNETH CITY FL 33709

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/13/1976
3a. Date of Last Report: 04/20/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ALLEN, GAIL
5152 58 LANE N.
KENNETH CITY FL 33709

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Gail Allen (Gail Allen) 6/23/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	REEVES, SARAH BETH	1.2 NAME	Sandy Huff
STREET ADDRESS	953 POINT SEASIDE DR., PO BOX 988	1.3 STREET ADDRESS	3530 Fairview Street
CITY-ST-ZIP	CRYSTAL BCH FL	1.4 CITY-ST-ZIP	Safety Harbor, Florida 34695
TITLE	VD	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	BESCH, PAT	2.2 NAME	Jan Risberg
STREET ADDRESS	2558 FOREST RUN CT.	2.3 STREET ADDRESS	11 Harbor Oaks Circle
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Safety Harbor, Florida 34695
TITLE	TD	3.1 TITLE	TD ☒ Change ☐ Addition
NAME	POLICANDRIOTES, KAROL	3.2 NAME	Mary Jane Scott
STREET ADDRESS	16 EVONAIRE CIR	3.3 STREET ADDRESS	1914 Winding Way
CITY-ST-ZIP	BELLEAIR FL	3.4 CITY-ST-ZIP	Clearwater, Florida 34624
TITLE	SD	4.1 TITLE	SD ☒ Change ☐ Addition
NAME	ST. LEGER, MEI-LING	4.2 NAME	Carol Elwood
STREET ADDRESS	2847 MEADOW HILL DR. N.	4.3 STREET ADDRESS	1866 Emory Drive
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	Clearwater, Florida 34625
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary Jane Scott (Mary Jane Scott) Treas. 6/23/95 813-531-5201
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0013503