FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State
05-04-1999 90173 021 ****61.25

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DOCUMENT # 737514

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

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

3. Date Incorporated or Qualifed: 12/13/1976

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	SOTO, ELSA		1.2 NAME	SALLY IRVING	
STREET ADDRESS	1012 KNOLLWOOD CT		1.3 STREET ADDRESS	7 ROSERY LANE	
CITY-ST-ZIP	SAFETY HARBOR FL 34695		1.4 CITY-ST-ZIP	BELLAIR, FLORIDA 33756	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	BUELL, TEDDY		2.2 NAME	LEAH HAYES	
STREET ADDRESS	2778 COUNTRYSIDE BLVD, #3		2.3 STREET ADDRESS	2536 SADDLEBROOK LANE	
CITY-ST-ZIP	CLEARWATER FL 33761		2.4 CITY-ST-ZIP	PALM HARBOR, FLORIDA 34685	
TITLE	TD	☐ DELETE	3.1 TITLE	TD	☑ Change ☐ Addition
NAME	SCHWEIGER, THERESA		3.2 NAME	NANCY COOPER	
STREET ADDRESS	P.O. BOX 98-109TH LIMETTA ST		3.3 STREET ADDRESS	3630 SHADY LANE	
CITY-ST-ZIP	OZONA FL 34660		3.4 CITY-ST-ZIP	PALM HARBOR, FLORIDA 34683	
TITLE	SD	☐ DELETE	4.1 TITLE	SD	☑ Change ☐ Addition
NAME	HALL, BARBARA		4.2 NAME	JAN RISBERG	
STREET ADDRESS	1640 CINNAMON LANE		4.3 STREET ADDRESS	11 HARBOR OAKS CIRCLE	
CITY-ST-ZIP	DUNEDIN FL 34698		4.4 CITY-ST-ZIP	SAFETY HARBOR, FLORIDA 34695	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Nancy Cooper **SIGNATURE REQUIRED** April 15, 1999 (727) 938-6680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #