


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90206 025 \*\*\*\*61.25

<b>DOCUMENT # 758947</b> 1. Entity Name <b>SPARKLING CLEARWATER DEPRESSION GLASS CLUB, INC.</b>					
Principal Place of Business <b>607 INDIANA CLEARWATER, FL 33756</b>			Mailing Address <b>603 TURNER ST CLEARWATER, FL 33756</b>		
2. Principal Place of Business <b>405 Seminole St.</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Clearwater, FL</b>		City & State		4. FEI Number <b>59-2437475</b>	
Zip <b>33755</b>		Country <b>Pine/195</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>WHITEHOUSE, ETHEL 603 TURNER ST. CLEARWATER, FL 33756</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>POPPLER, ALICE</b> <b>2124 CATALINA DRIVE SOUTH</b> <b>CLEARWATER, FL 33764</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CAMPBELL, TOM</b> <b>58 BAYWOOD DRIVE</b> <b>SAFETY HARBOR, FL 34695</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CAMPBELL, REBECCA</b> <b>58 BAYWOOD DRIVE</b> <b>SAFETY HARBOR, FL 34695</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>THOMPSON, LEE</b> <b>9985 56TH PLACE NORTH</b> <b>SAINT PETERSBURG, FL 33706</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PP</b> <b>WHITEHOUSE, ETHEL</b> <b>603 TURNER STREET</b> <b>CLEARWATER, FL 33756</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STASY, AMY</b> <b>10038 83 TERRACE NORTH BLDG. 7</b> <b>SAINT PETERSBURG, FL 33708</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5 Kathryn Wylkoff</b> <b>851 Orangeview Dr</b> <b>Largo, fl 33778</b>				
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.					
<b>SIGNATURE:</b> <u><i>Tom Campbell, Jr.</i></u> <span style="float: right;"><b>4/18/2006 813 274 8545</b></span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					