

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90005 038 ****61.25

DOCUMENT # 758947					
1. Entity Name SPARKLING CLEARWATER DEPRESSION GLASS CLUB, INC.					
Principal Place of Business 405 SEMINOLE ST CLEARWATER, FL 33755			Mailing Address 603 TURNER ST CLEARWATER, FL 33756		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 58 BAY WOODS DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State SAFETY HARBOR FL		4. FEI Number 59-2437475	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
34695-5401		USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent WHITEHOUSE, ETHEL 603 TURNER ST. CLEARWATER, FL 33756 <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">DECEASED</div>			7. Name and Address of New Registered Agent Name: TOM CAMPBELL Street Address (P.O. Box Number is Not Acceptable): 58 BAY WOODS DR City: SAFETY HARBOR FL Zip Code: 34695		
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: TOM CAMPBELL				DATE: 5/30/2008	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POPLER, ALICE 2124 CATALINA DRIVE SOUTH CLEARWATER, FL 33764 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAMPBELL, TOM 58 BAYWOOD DRIVE SAFETY HARBOR, FL 34695 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WYLCOFF, KATHRYN 851 ORANGVIEW DR LARGO, FL 33778 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, LEE 9985 56TH PLACE NORTH SAINT PETERSBURG, FL 33706 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT BETSEY KROESSEN 7974 SAILBOAT KEY BLVD S. #704 SOUTH PASADENA FL 33707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP WHITEHOUSE, ETHEL 603 TURNER STREET CLEARWATER, FL 33756 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STASY, AMY 10038 83 TERRACE NORTH BLDG. 7 SAINT PETERSBURG, FL 33708 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: TOM CAMPBELL					DATE: 5/30/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		727-725-2069