FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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 MAY 31 AM 9:27

DOCUMENT # **N18390** **(7)**

1. Corporation Name

THE CLEARWATER BAR FOUNDATION, INC.

Principal Place of Business	Mailing Address
314 S MISSOURI AVENUE, SUITE 107 CLEARWATER FL 34616	314 S MISSOURI AVENUE, SUITE 107 CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/22/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2880867 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)
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 ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ZSCHAU, JULIUS J. 314 S MISSOURI AVE, STE 107 CLEARWATER FL 34616	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 607.0502 and 607.1508, 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 607.0505, 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	11 TITLE	☐ Change ☐ Addition
NAME	SILBERMAN, MORRIS	12 NAME	DEVLAMING, DENIS M.
STREET ADDRESS	133 N FT HARRISON	13 STREET ADDRESS	1101 TURNER ST
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	CLEARWATER, FL 34616
TITLE	VD	21 TITLE	☒ Change ☐ Addition
NAME	DEVLAMING, DENIS M	22 NAME	VD TRAGOS, GEORGE E
STREET ADDRESS	1101 TURNER ST	23 STREET ADDRESS	600 CLEVELAND ST STE 700
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP	CLEARWATER FL 34616
TITLE	SD	31 TITLE	☐ Change ☒ Addition
NAME	WALKER, JR. R G.	32 NAME	SD CHURUTI, SUSAN N.
STREET ADDRESS	1432 COURT ST	33 STREET ADDRESS	315 COURT ST
CITY-ST-ZIP	CLEARWATER FL	34 CITY-ST-ZIP	CLEARWATER FL 34616
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	LITTLE, MICHAEL G	42 NAME	
STREET ADDRESS	911 CHESTNUT ST	43 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☒ Addition
NAME	TRAGOS, GEORGE E	52 NAME	D MCFADDEN, MICHAEL K.
STREET ADDRESS	600 CLEVELAND ST STE 700	53 STREET ADDRESS	200 CLEARWATER LARGO RD
CITY-ST-ZIP	CLEARWATER FL	54 CITY-ST-ZIP	CLEARWATER FL 34640
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	CARLSON, EDWARD D	62 NAME	D ZINOBER, FREDERIC S.
STREET ADDRESS	250 N BELCHER RD STE 102	63 STREET ADDRESS	2655 MCCORMICK DR
CITY-ST-ZIP	CLEARWATER FL	64 CITY-ST-ZIP	CLEARWATER FL

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 the 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: _____ 5-26-95 (813)461-0525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
DENIS M. DEVLAMING

0019417