

FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N18390** (7)
1. Corporation Name
THE CLEARWATER BAR FOUNDATION, INC.



Principal Place of Business 314 S MISSOURI AVENUE, SUITE 107 CLEARWATER FL 34616	Mailing Address 314 S MISSOURI AVENUE, SUITE 107 CLEARWATER FL 34616-5858
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/22/1986	3a. Date of Last Report 05/01/1996
21	26	4. FEI Number 59-2880867	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Ejection Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent
ZSCHAU, JULIUS J.
314 S MISSOURI AVE, STE 107
CLEARWATER FL 34616

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	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEVLAMING, DENIS M	1.2 NAME	COLE, STEPHEN O.
STREET ADDRESS	1101 TURNER ST.	1.3 STREET ADDRESS	400 CLOVE LAND ST.
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	CLEARWATER FL 34615
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAGOS, GEORGE E	2.2 NAME	CHURUTI, SUSAN H.
STREET ADDRESS	600 CLEVELAND ST STE. 70	2.3 STREET ADDRESS	315 COURT ST.
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	CLEARWATER FL 34616
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHURUTI, SUSAN H	3.2 NAME	FIGURESKI, GERALD A
STREET ADDRESS	315 COURT ST	3.3 STREET ADDRESS	2435 U.S. HWY 19 N.
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	HOLIDAY FL 34691
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITTLE, MICHAEL G	4.2 NAME	
STREET ADDRESS	911 CHESTNUT ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCFADDEN, MICHAEL K	5.2 NAME	
STREET ADDRESS	200 CLEARWATER LARGO RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZINOBER, FREDERIC S	6.2 NAME	
STREET ADDRESS	2855 MCCORMICK DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:  **MICHAEL G. LITTLE** 4/29/97 (813) 461-1818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0068776

CR2E037 (9/96)