

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18390

FILED
Apr 03, 2008
Secretary of State

Entity Name: THE CLEARWATER BAR FOUNDATION, INC.

Current Principal Place of Business:

314 S MISSOURI AVENUE, SUITE 107
CLEARWATER, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

314 S MISSOURI AVENUE, SUITE 107
CLEARWATER, FL 33756 US

New Mailing Address:

FEI Number: 59-2880867 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANCE, KAREN E
314 S MISSOURI AVE, STE 107
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: MOORE, GARRY R
Address: 314 S. MISSOURI AVE., SUITE 109
City-St-Zip: CLEARWATER, FL 33756

Title: T () Delete
Name: JARDINE, TRACY
Address: 29605 US HIGHWAY 19 N
City-St-Zip: CLEARWATER, FL 33761

Title: D () Delete
Name: SHOWERS, GREGORY K
Address: 133 N FT. HARRISON
City-St-Zip: CLEARWATER, FL 33755

Title: P () Delete
Name: MANNION, ELIZABETH
Address: 1150 CLEVELAND STREET
City-St-Zip: CLEARWATER, FL 33755

Title: D () Delete
Name: IRIZARRY, MYRIAM
Address: 315 COURT STREET
City-St-Zip: CLEARWATER, FL 33756

Title: D () Delete
Name: BRODY, CARL
Address: 315 COURT STREET
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: JARDINE, TRACY
Address: 29750 US HIGHWAY 19 N, SUITE 101
City-St-Zip: CLEARWATER, FL 33761

Title: D (X) Change () Addition
Name: ALBINSON, JEFFREY A
Address: 4625 EAST BAY DR., SUITE 110
City-St-Zip: CLEARWATER, FL 33764

Title: P (X) Change () Addition
Name: VECCHIOLI, JOAN M
Address: 911 CHESTNUT STREET
City-St-Zip: CLEARWATER, FL 33756

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAN M. VECCHIOLI

P

04/03/2008

Electronic Signature of Signing Officer or Director

Date