2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000002122

1. Entity Name
CLEARWATER SISTER CITIES, INC.

Principal Place of Business	Mailing Address
1582 GULF BLVD. CLEARWATER BEACH, FL 33767	1582 GULF BLVD. CLEARWATER BEACH, FL 33767

02242005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3444698
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOTTLIEB & GOTTLIEB, P.A.
2475 ENTERPRISE
SUITE 100
CLEARWATER, FL 34623

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WISEMILLER, RICHARD
STREET ADDRESS	1582 GULD BLVD.
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767
TITLE	VPD
NAME	YOUNG, RON
STREET ADDRESS	2316 DORA DR
CITY-ST-ZIP	CLEARWATER, FL 33765
TITLE	T
NAME	SEWELL, MARY
STREET ADDRESS	2391 OLD COACH RD
CITY-ST-ZIP	CLEARWATER, FL 33765
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/30/05-80018-025 61.25

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12. I 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 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: Mary L. Sewell MARY L. SEWELL 3-28-05 727-726-0260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #