2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005
Secretary of State

DOCUMENT# N99000007132

Entity Name: CLEARWATER ARTS! FOUNDATION, INC.

Current Principal Place of Business:

100 S MYRTLE AVE
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

PO BOX 955
CLEARWATER, FL 337570955

New Mailing Address:

FEI Number: 59-3629009 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALBOLT, MARGO
100 S MYRTLE AVE
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: T ( ) Delete
Name: HARDMAN, DAVID
Address: 450-11 LAKEVIEW DR
City-St-Zip: PALM HARBOR, FL 34683

Title: P ( ) Delete
Name: LOEHR, NANCY
Address: 17757 US HWY 19 N S-560
City-St-Zip: CLEARWATER, FL 33764

Title: D ( ) Delete
Name: COLE, SHEILA
Address: POST OFFICE BOX 3573
City-St-Zip: CLEARWATER, FL 33767

Title: D ( ) Delete
Name: MILLER, LOIS
Address: PO BOX 5165
City-St-Zip: CLEARWATER, FL 337585165

Title: D ( ) Delete
Name: CARLISLE, STEVE
Address: 34 N. FORT HARRISON AVE
City-St-Zip: CLEARWATER, FL 33755

Title: D ( ) Delete
Name: FREEDMAN, ROBERT A
Address: 1111 MCMULLEN BOOTH ROAD
City-St-Zip: CLEARWATER, FL 33759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: MAGIDSON, JOSH
Address: 625 COURT STREET, SUITE 200
City-St-Zip: CLEARWATER, FL 33756

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

Title: D (X) Change ( ) Addition
Name: FOWLER, STEVE
Address: 1421 COURT ST.
City-St-Zip: CLEARWATER, FL 33756

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

Title: D (X) Change ( ) Addition
Name: SMITH, DIANE
Address: 417 – 1ST STREET
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NANCY LOEHR P 04/06/2005

Electronic Signature of Signing Officer or Director — Date