2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State
03-23-2006 90016 037 ****61.25

DOCUMENT # N99000007132

1. Entity Name
CLEARWATER ARTS! FOUNDATION, INC.

50004888

Principal Place of Business	Mailing Address
100 S MYRTLE AVE CLEARWATER, FL 33756	PO BOX 955 CLEARWATER, FL 33757-0955

01252006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3629009 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WALBOLT, MARGO 100 S MYRTLE AVE CLEARWATER, FL 33756	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

Filing Fee is $61.25
Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MAGIDSON, JOSH 625 COURT STREET, SUITE 200 CLEARWATER, FL 33756	☐ Delete	D Maria Cantonis 205 Bayview Dr. Belleair, FL 33756	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LOEHR, NANCY 17757 US HWY 19 N S-560 CLEARWATER, FL 33764	☐ Delete	Beth Coleman (D) 1130 Cleveland St. Clearwater, FL 33755	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOWLER, STEVE 1421 COURT ST. CLEARWATER, FL 33756	☐ Delete	D Beth Daniels 911 Chesnut Clearwater FL 33756	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, LOIS PO BOX 5165 CLEARWATER, FL 337585165	☒ Delete	D Jai Hinson 1606 N. Highland Ave. Clearwater FL 33755	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, DIANE 417 – 1ST STREET INDIAN ROCKS BEACH, FL 33785	☐ Delete	D Robin Popp 310 Patricia Ave. Clearwater FL 33765	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FREEDMAN, ROBERT A 1111 MCMULLEN BOOTH ROAD CLEARWATER, FL 33759	☐ Delete	D Nola Stein 1840 Mease Dr. S-100 Safety Harbor, FL 34695	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ President 3-13-06 727-519-2430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #