2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007132

Entity Name: CLEARWATER ARTS! FOUNDATION, INC.

FILED May 01, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 100 S MYRTLE AVE CLEARWATER, FL 33756 **Current Mailing Address: New Mailing Address:** PO BOX 955 CLEARWATER, FL 337570955 FEI Number: 59-3629009 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WALBOLT, MARGO 100 S MYRTLE AVE CLEARWATER, FL 33756 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition MAGIDSON, JOSH GRAY, GARY Name: Name: 625 COURT STREET, SUITE 200 Address: 1617 GULF TO BAY Address: City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: CLEARWATER, FL 33755 Title: Title: (X) Change () Addition () Delete LOEHR, NANCY Name: DANIELS, BETH Name: Address: 17757 US HWY 19 N S-560 Address: 911 CHESNUT City-St-Zip: CLEARWATER, FL 33764 City-St-Zip: CLEARWATER, FL 33756 Title: () Delete Title: (X) Change () Addition DANIELS, BETH SALLIE, PARKS Name: Name: Address: 911 CHESNUT Address: 1334 MICHIGAN AVE City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: CLEARWATER, FL 34683 Title: () Delete Title: () Change () Addition Name: POPP, ROBIN Name: Address: 310 PATRICIA AVE Address: City-St-Zip: CLEARWATER, FL 33765 City-St-Zip: Title: () Delete Title: () Change () Addition CANTONIS, MARIA Name: Name: 205 BAYVIEW DRIVE Address: Address: City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: Title: () Delete Title: () Change () Addition MCMILLAN, MARLY Name: Name: Address: 851 MANDALAY AVE Address: CLEARWATER, FL 33767 City-St-Zip: 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: BETH DANIELS P 05/01/2008