

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# 739733

Entity Name: CLEARWATER FREE CLINIC, INC.

Current Principal Place of Business:

707 N FT HARRISON AVE
CLEARWATER, FL 33755

Current Mailing Address:

707 N FT HARRISON AVE
CLEARWATER, FL 33755

FEI Number: 59-1852871

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHAPIRO, JEAN R
707 N FT HARRISON
CLEARWATER, FL 33755 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

Officer/Director Detail :

Title VC
Name LIVINGSTON, BRUCE
Address 1878 ROYAL OAK PLACE E.
City-State-Zip: DUNEDIN FL 34698

Title DIRECTOR
Name FISCHER, DOTI
Address 7310 FORSYTH BLVD
#101
City-State-Zip: UNIVERSITY CITY MO 63105

Title DIRECTOR
Name BOUTON, STEPHEN
Address 748 SEVERS LANDING
City-State-Zip: PALM HARBOR FL 33683

Title DIRECTOR
Name GALDIERI, LOU
Address 3903 W. DE LEON STREET
City-State-Zip: TAMPA FL 33609

Title CHAIRMAN
Name PHILLIPS, CRAIG
Address 611 DRUID ROAD EAST
SUITE 707
City-State-Zip: CLEARWATER FL 33756

Title DIRECTOR
Name HELLER, CYNDI
Address 3117 HARVEST MOON DRIVE
City-State-Zip: PALM HARBOR FL 34683

Title DIRECTOR
Name CHAMBERLAIN, LINDA
Address 500 PARK AVENUE
City-State-Zip: BELLEAIR FL 33756

Title DIRECTOR
Name KUDELKO, PAUL E. SR.
Address 28 WINSTON DRIVE
City-State-Zip: BELLEAIR FL 33756

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I hereby 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 all other like empowered.

SIGNATURE: JEAN R. SHAPIRO

DIRECTOR CEO

11/30/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LEIMER, MELANIE
Address 869 TRAILWOOD COURT
City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR
Name PHILLIPS, DAVID
Address 616 PINELAND AVENUE
City-State-Zip: BELLEAIR FL 33756

Title DIRECTOR
Name MURBACH, SUSAN
Address 510 WINDWARD PASSAGE
City-State-Zip: CLEARWATER FL 33767

Title SECRETARY
Name FINCHUM, KIERSTEN
Address 2087 WARWICK DRIVE
City-State-Zip: OLDSMAR FL 34677

Title DIRECTOR
Name WIAND, BURTON
Address 125 CRESTWOOD LANE
City-State-Zip: LARGO FL 33770

Title DIRECTOR
Name NOVAK, MATT
Address 1705 HUNTINGTON COURT
City-State-Zip: SAFETY HARBOR FL 34695

Title TREASURER
Name SAMS, MELVIN
Address 1410 GARDEN AVENUE
City-State-Zip: TARPON SPRINGS FL 34689

Title DIRECTOR, CEO
Name SHAPIRO, JEAN R.
Address 707 N FT HARRISON AVENUE
City-State-Zip: CLEARWATER FL 33755

Title DIRECTOR
Name LANKFORD, JIM
Address 4199 RIDGEMOOR DRIVE N.
City-State-Zip: PALM HARBOR FL 34685

Title DIRECTOR
Name NAMEY, JOSEPH DO
Address 202 GARDEN CIRCLE
City-State-Zip: BELLEAIR FL 33756