

**2013 FLORIDA NOT FOR PROFIT CORPORATION 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:** Yes**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 PRES  
Name RIDENOUR, DAVID E  
Address 2035 INDIAN CREEK COURT  
City-State-Zip: DUNEDIN FL 34698

Title TREA  
Name MILAM, ROWLAND  
Address 1828 VENETIAN POINT DRIVE  
City-State-Zip: CLEARWATER FL 33755

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

Title VP  
Name LIVINGSTON, BRUCE  
Address 12900 44TH STREET N.  
City-State-Zip: CLEARWATER FL 33762

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

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

*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: DAVID E. RIDENOUR****PRESIDENT****01/31/2013**

Electronic Signature of Signing Officer/Director Detail

Date