

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# 739733

Entity Name: CLEARWATER FREE CLINIC, INC.

Current Principal Place of Business:

1218 COURT STREET
CLEARWATER, FL 33756

Current Mailing Address:

1218 COURT STREET
CLEARWATER, FL 33756 US

FEI Number: 59-1852871

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DEGINA, ANTHONY M. JR.
1218 COURT STREET
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: ANTHONY M. DEGINA JR.

03/25/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name PHILLIPS, CRAIG
Address 611 DRUID RD E
STE 707
City-State-Zip: CLEARWATER FL 33756

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

Title TREASURER
Name HAUG, CATHERINE
Address 2450 BURNICE DRIVE
City-State-Zip: CLEARWATER FL 33764

Title DIRECTOR
Name HENRY, MERIDETH
Address 644 POINSETTIA ROAD
City-State-Zip: BELLEAIR FL 33756

Title DIRECTOR
Name BOUTON, STEPHEN
Address 28619 N 45TH WAY
City-State-Zip: CAVE CREEK AZ 85331

Title DIRECTOR
Name PERNO, JOSEPH DR.
Address 4505 W. MELROSE AVENUE
City-State-Zip: TAMPA FL 33629

Title CHAIRMAN
Name LOVGREN, LUKE
Address 3174 SAN BERNADINO STREET
City-State-Zip: CLEARWATER FL 33759

Title DIRECTOR
Name LENZ, FEDERICO DR.
Address 14001 KENSINGTON OAK PLACE
City-State-Zip: LARGO FL 33774

Continues on page 2

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: ANTHONY M. DEGINA JR.

CEO

03/25/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name MARKISON, LATRICE
Address 12041 KENT GROVE DRIVE
City-State-Zip: SPRING HILL FL 34610

Title DIRECTOR
Name KLIMIS, MICHAEL
Address 35002 US HWY 19 N
City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR
Name GILMAN, CLAY
Address 625 COURT STREET
STE 200
City-State-Zip: CLEARWATER FL 33756

Title DIRECTOR
Name DOTY, LISA
Address 12725 LONE PALM COURT
City-State-Zip: LARGO FL 33773

Title DIRECTOR
Name MATYAS, CAROLE
Address 1214 FRANKLIN CIRCLE
City-State-Zip: CLEARWATER FL 33756

Title CEO
Name DEGINA, ANTHONY M JR.
Address 1218 COURT STREET
CLEARWATER FREE CLINIC INC.
City-State-Zip: CLEARWATER FL 33756