

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18390

**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**3918405510CC**

**Entity Name:** THE CLEARWATER BAR FOUNDATION, INC.

**Current Principal Place of Business:**

800 DREW STREET  
CLEARWATER, FL 33755

**Current Mailing Address:**

800 DREW STREET  
CLEARWATER, FL 33755 US

**FEI Number:** 59-2880867

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CONTE, TERESA  
800 DREW STREET  
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:** TERESA CONTE

04/30/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            VAN PELT, KIT  
Address        800 DREW STREET  
City-State-Zip: CLEARWATER FL 33755

Title            SECRETARY  
Name            HARDY, CHELSEA M.  
Address        800 DREW STREET  
City-State-Zip: CLEARWATER FL 33755

Title            TRUSTEE  
Name            BURNS, JENNIFER  
Address        800 DREW STREET  
City-State-Zip: CLEARWATER FL 33755

Title            TRUSTEE  
Name            GRAHAM, REBECCA  
Address        800 DREW STREET  
City-State-Zip: CLEARWATER FL 33755

Title            TRUSTEE  
Name            COLEMAN, JEFFEREY  
Address        800 DREW STREET  
City-State-Zip: CLEARWATER FL 33755

Title            TRUSTEE  
Name            DONNELL, ASHLEY  
Address        800 DREW STREET  
City-State-Zip: CLEARWATER FL 33755

Title            TRUSTEE  
Name            PARKER, KRIS  
Address        800 DREW STREET  
City-State-Zip: CLEARWATER FL 33755

Title            TRUSTEE  
Name            LOTT, APRIL  
Address        800 DREW STREET  
City-State-Zip: CLEARWATER FL 33755

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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:** TERESA CONTE

**EXECUTIVE DIRECTOR**

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name WUTSCHEL, MARY  
Address 800 DREW STREET  
City-State-Zip: CLEARWATER FL 33755

Title EXECUTIVE DIRECTOR  
Name CONTE, TERESA  
Address 800 DREW STREET  
City-State-Zip: CLEARWATER FL 33755