

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

DOCUMENT# N99000007132

**Entity Name:** CLEARWATER ARTS ALLIANCE, INC.**Current Principal Place of Business:**C/O BETH DANIELS  
911 CHESTNUT STREET  
CLEARWATER, FL 33756**Current Mailing Address:**PO BOX 955  
CLEARWATER, FL 33757-0955**FEI Number:** 59-3629009**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DANIELS, ELIZABETH ESQ.  
911 CHESTNUT ST  
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:** ELIZABETH DANIELS, ESQ.

03/22/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                         |
|-----------------|-------------------------|
| Title           | PRESIDENT               |
| Name            | DANIELS, ELIZABETH ESQ. |
| Address         | 911 CHESTNUT ST         |
| City-State-Zip: | CLEARWATER FL 33756     |

|                 |                    |
|-----------------|--------------------|
| Title           | SECRETARY          |
| Name            | CICERCHI, ELEANOR  |
| Address         | 100 GEOFFREY COURT |
| City-State-Zip: | OLDSMAR FL 34677   |

|                 |                     |
|-----------------|---------------------|
| Title           | TREASURER           |
| Name            | MCMILLAN, MARLAYNA  |
| Address         | 851 MANDALAY AVE    |
| City-State-Zip: | CLEARWATER FL 33767 |

|                 |                         |
|-----------------|-------------------------|
| Title           | ADMINISTRATOR           |
| Name            | VIENNEAU, JUDY          |
| Address         | 3501 40TH ST. N         |
| City-State-Zip: | ST. PETERSBURG FL 33713 |

*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:** MARLAYNA J MCMILLAN

TREASURER

03/22/2019

Electronic Signature of Signing Officer/Director Detail

Date