


DELETED

DOCUMENT # 710736 1. Entity Name CLEARWATER FRIENDS' MEETING, INC.				FILED 07 MAR 26 PM 12:48 STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 8333 SEMINOLE BLVD., #439 SEMINOLE, FL 34642		Mailing Address C/O NJ JONES HUBBARD 13404 TWIN TERR. LARGO, FL 32774			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 51-0175760	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HUBBARD, JOHN G., ESQ. 1059 BROADWAY, SUITE B DUNEDIN, FL 33528			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Nyla J Hubbard</i> Signature typed or printed name of registered agent and title if applicable.		3/17/07 DATE (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$297.50		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RCD STRATHIE, D. ANNE 12121 VONN RD #211 LARGO, FL 33774 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	30009599273 04/06/07--01039--010 **122.50		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DAY, PETER 8200 TARSIER AV NEW PORT RIC, FL 336536559 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUBBARD, NYLA JO 43464 TWIN TERR. 1800 Marengo Dr LARGO, FL 32774 #11 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tampa Springs FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Nyla J Hubbard</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/17/07 Date Daytime Phone #			

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

*I married + move.
I never got any
notices. Jones
Hubbard*

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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HUBBARD, NYLA JO 13464 TWO TERR. 1800 <i>Murphy Dr.</i> LARGO, FL 33774 <i>#. 11</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Tampa Springs</i> <i>FL 3361689</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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