FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

. 1999

ROBBINS, RICHARD

1230 S. MYRTLE ST., SUITE 302 CLEARWATER FL 34616



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90199 028 ****61.25

DOCUMENT # 713628

1. Corporation Na	ime					
CLEARWAT	ER BREAKFAST SER	TOMA CLUB, INC.				
CLLYWY						
Principal Place of Business		Mailing Address				
1230 S. MYRTLE ST.		CLEARWATER BREAKFAST SERTOMA CLUB				
302		P.O. BOX 665				
CLEARWATER FL 34616 US		CLEARWATER FL 33757 US				
US		US				
2. Principal Place	of Business	2a. Mailing Address				
21		26				
Suite, Apt. #, e	tc.	Suite, Apt. #, etc.				
22		27				
City & State		City & State				
23		28				
Zip	Country	Zip	Country			
24	25	29	30			
9	Name and Address of C	urrent Registered Agent				
			81 Name			

Applied For

Fee Required \$5.00 May Be

Added to Fees

Not Applicable

8	Name				
8:	Street Address (P.O. Box Number is Not Acceptable)				
8					
84	City	FI	85	Zip Code	

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

Trust Fund Contribution

6. Election Campaign Financing

10. Name and Address of New Registered Agent

11/15/1967 4. FEI Number

71-3628620

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	e. (NOTE: Rec	gistered Agent signature re	gouired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
TITLE	D	DELETE	1.1 TITLE	P	Change	Addition
	ROBERT INSALACO		1.2 NAME	TEFFREY PAUL		
	3149 ROSEMARY DR		1.3 STREET ADDRESS	3153 BAY LANG		
CITY-ST-ZIP	LARGO FL 33770		1.4 CITY-ST-ZIP	CLEARWATER, FL 33759		
TITLE	D	□ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	DANIEL RATCLIFF		2.2 NAME	,		
	933 FALMOTH DR		2.3 STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL 34684		2.4 CITY-ST-ZIP			
TITLE	D D	DELETE -==	3.1 TITLE	D	Change	Addition
NAME	CAHRLES WILLISON		3.2 NAME	WILLIAM TERRY		ŀ
	2-SEASIDE LANE. PH 801		3.3 STREET ADDRESS	2697 TARVIS CR.		
CITY-ST-ZIP	BELLEAIR FL 34616		3.4. CITY-ST-ZIP	PALM HARBOR, FL 3460	P3	
TITLE	D	☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME	SWEENEY, RICHARD		4. 2 NAME			
STREET ADDRESS	1		4.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33755		4.4 CITY-ST-ZIP			
TITLE	T	DELETE	5.1 TITLE		Change	Addition
NAME	HARRY JAMIESON		5.2 NAME			-
	301 JASMINE WAY		5.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33756		5.4 CITY-ST-ZIP			
TITLE	e	☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME	CONOVER, JOHN		6.2 NAME			
	1111 BAYSHORE BLVD #C-6		6.3 STREET ADDRESS			
STREET ADDRESS	OLEADWATED EL 20750		64 CITY-ST-ZIP			

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

OM SUCCESSIVE RECHARD CONOVERS
AGGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99 727-544-1555 Daytime Phone #