

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739733

FILED
Feb 13, 2012
Secretary of State

Entity Name: CLEARWATER FREE CLINIC, INC.

Current Principal Place of Business:

707 N FT HARRISON AVE
CLEARWATER, FL 33755

New Principal Place of Business:

Current Mailing Address:

707 N FT HARRISON AVE
CLEARWATER, FL 33755

New Mailing Address:

FEI Number: 59-1852871 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SHAPIRO, JEAN R
707 N FT HARRISON
CLEARWATER, FL 33755 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: RIDENOUR, DAVID E
Address: 2035 INDIAN CREEK COURT
City-St-Zip: DUNEDIN, FL 34698 US

Title: VP
Name: LIVINGSTON, BRUCE
Address: 12900 44TH STREET N.
City-St-Zip: CLEARWATER, FL 33762 US

Title: TREA
Name: MILAM, ROWLAND
Address: 1828 VENETIAN POINT DRIVE
City-St-Zip: CLEARWATER, FL 33755 US

Title: SECR
Name: HELLER, CYNDI
Address: 3117 HARVEST MOON DRIVE
City-St-Zip: PALM HARBOR, FL 34683 US

Title: D
Name: BOUTON, STEPHEN
Address: 748 SEVERS LANDING
City-St-Zip: PALM HARBOR, FL 33683

Title: D
Name: GUNDERSON, BRIAN
Address: 29750 US HWY 19N #101
City-St-Zip: CLEARWATER, FL 33761

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: JEAN R. SHAPIRO

EX D

02/13/2012

Electronic Signature of Signing Officer or Director

Date