

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 OCT 27 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



0009077

DOCUMENT # 748125 (2)

1. Corporation Name

CLEARWATER HISTORICAL SOCIETY, INC.

Principal Place of Business

Mailing Address

1350 S GREENWOOD AVE  
P.O. BOX 175  
CLEARWATER FL 34617

1350 S GREENWOOD AVE  
P.O. BOX 175  
CLEARWATER FL 34617

3. Date Incorporated or Qualified

07/19/1979

4. FEI Number

59-1938824

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. SAME  
22 City & State SAME  
23 Zip 33757 Country  
24 33757 25 33757 26 33757 27 33757 28 33757 29 33757 30 33757

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes ☐ No ☒

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. Yes ☐ No ☒

9. Name and Address of Current Registered Agent

GROSS, ZADE B  
2395 CAMPBELL RD  
CLEARWATER FL 34625 33765

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code  
33765

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.

SIGNATURE Zade B Gross, Treasurer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-15-98

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	TSACRIOS, JOHN	1644 CLEVELAND ST	CLEARWATER FL	<input type="checkbox"/>
TD	GROSS, ZADE B	2395 CAMPBELL RD	CLEARWATER FL	<input type="checkbox"/>
SD	MCPHERSON, CHARLES	9824 85 ST N	LARGO FL	<input checked="" type="checkbox"/>
D.	Bettie Mease	1604 Sunset Drive	Clearwater FL 33755	<input type="checkbox"/>
D.	David Perkins	1404 Sunset Drive	Clearwater FL 33755	<input type="checkbox"/>
D.	Michael Sanders	411 Orangeview Ave	Clearwater FL 33755	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		000002676870--5	-10/30/98--01066--001	<input type="checkbox"/>	<input type="checkbox"/>
		*****61.25	*****61.25	<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
	Secretary Kay Holley	1251 S. GREENWOOD Ave	Clearwater FL 33756	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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.

SIGNATURE: Zade B Gross, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-15-98 727 581 3996

CR2E037 (5/98)