FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 748125

1. Corporation Name

CLEARWATER HISTORICAL SOCIETY, INC.

Princ	ip	al Place of Business	
	_	ADEE: 4446.55 445	

1350 S GREENWOOD AVE P.O. BOX 175 **CLEARWATER FL 33757**

Mailing Address

1350 \$ GREENWOOD AVE P.O. BOX 175

CLEARWATER FL 33757

FILED Feb 23, 1999 8:00 am § Secretary of State

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2. Principal Place of Business			2a. Mailing Address		 -		3. Date incorporated or Qualifed	
21			26				07/19/1979	
Suite, Apt. #, etc.		#. etc.	Suite, Apt. #, etc.				4. FEI Number Applied For	
22		,	27				59-1938824 . Not Applicable	
22	City & State	9	City & State			_	\$8.75 Additional	
F			28				5. Certificate of Status Desired Fee Required	
	Zip	Country	Zip	Co	ountry		6. Election Campaign Financing S5.00 May Be	
24	·	25	29	30			Trust Fund Contribution Added to Fees	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
				81 Name				
	CDOCC 7	ADE B		82 Street Address (P.O. Box Number is Not Acceptable)				
	GROSS, Z				Street Address (P.O. Box Number is Not Acceptable)			
,	2395 CAM				83			
l	CLEARWA	TER FL 33765						
l					84	City	FL 85 Zip Code	
4.		14 4	and 617 1500 Florida C	tatutae the	above	named	d comporation submits this statement for the purpose of changing its registered	
11	office or r	egistered agent or both in the State o	of Florida. Such change w	as authoriz	ed by	the corpo	poration's board of directors. I hereby accept the appointment as registered	
	agent. I a	m familiar with, and accept the obligat	ions of, Section 617.0503	, Florida Sta	atutes			
s	IGNATURE							
		Signature, typed or printed name of registered agent				nt signature n	e required when reinstating) DATE APPLITION OF TANKE TO DESIGN AND DIFFECTORS IN 12	
12	2	OFFICERS ANI		13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change	
TIT	LE	PD	⊠ DELETE	E 1.1	TITLE			
NAME TSACRIOS, JOHN		TSACRIOS, JOHN		1.2	1.2 NAME		McPherson Charles s 9824 85th ST. N.	
ST	REET ADDRESS	1644 CLEVELAND ST		1.3	STREET	T ADDRESS	s 9824 85th ST. N.	
CITY-ST-ZIP CLEARWATER FL		CLEARWATER FL		1.4	1.4 CITY-ST-ZIP		LARGO FL 33777	
TIT	LΕ	TD	☐ DELET	E 2.1	TITLE		☐ Change ☐ Addition	
NA.	ME	GROSS, ZADE B		2.2	NAME			
ST	REET ADDRESS	2395 CAMPBELL RD		2.3	STREE	TADORESS	s	
C	Y-ST-ZIP	CLEARWATER FL		2.4	CITY-S	T-ZIP		
-	LE .	S	☐ OEŁETI		TITLE		☐ Change ☐ Addition	
NA	ME 15 m.	HOLLEY, KAY		3.2	NAME			
ет	ME 1251 REET ADDRESS	1281 S. GREENWOOD AVE.		33	STREE	TADDRESS	s	
		-		1	CITY-S			
$\overline{}$	Y-ST-ZIP LE	CLEARWATER FL 33756	☐ DELETI		TITLE	, , - 2.11	☐ Change ☐ Addition	
1					NAME			
	ME DEST LANDESS	MEASE, BETTIE				TADDECE		
STREET ADDRESS 1604 SUNSET DRIVE			4.3 STREET ADDRES					
CITY-ST-ZIP CLEARWATER FL 33755		□ DELETI		4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition		
1	Œ	D	□ OELEII		NAME		_ should hadden	
(ME	PERKINS, DAVID						
ST	REET ADDRESS	1404 SUNSET DRIVE				TADDRESS '	°	
CIT	IY-ST-ZIP	CLEARWATER FL 33755			CITY-S	T-ZIP		
TH	LE .	D	DELETI	E 6.1	TITLE		☐ Change ☐ Addition	
NA.	ME ,	SANDERS, MICHAEL		6.2	NAME			
ST	REET ADDRESS	411 ORANGEVIEW AVE.		6.3	STREE	T ADDRESS	s	

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CLEARWATER FL 33755