2004 NOT-FOR-PROFIT CORPORATION

CMY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CLEARWATER, FL 33755

SANDERS, MICHAEL

411 ORANGEVIEW AVE.

CLEARWATER, FL 33755

Feb 05, 2004 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT #748125** 02-05-2004 90006 005 ****61.25 CLEARWATER HISTORICAL SOCIETY, INC. Principal Place of Business Mailing Address 1350 S GREENWOOD AVE 1350 S GREENWOOD AVE P.O. BOX 175 P.O. BOX 175 CLEARWATER, FL 33757 CLEARWATER, FL 33757 2. Principal Place of Business 3. Mailing Address 1350 5. Hartin Luther King Ave P.O. Box 175 Suite, Apt. #, etc. Suite, Apt. #, etc. 01132004 Chg-NP CR2E037 (10/03) 4. FEI Number 59-1938824 City & State Applied For Clearwater, learwater, FL Not Applicable Country \$8.75 Additional 参フタフ 5. Certificate of Status Desired Pinellas Pinelles Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GROSS, ZADE B 2757 QUAIL HOLLOW RD E Street Address (P.O. Box Number is Not Acceptable) CLEARWATER, FL 33761 City 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. 1 tos u ver (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Fillng Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE ☐ Delete TITLE ☐ Change Addition WALLACE, WILLIAM NAME NAME STREET ADDRESS 606 TURNER ST STREET ADDRESS CLEARWATER, FL 33756 CiTY-ST-719 CITY-ST-ZIP TITLE TD TITLE Change Delete ☐ Addition NAME GROSS, ZADE B 2757 Quail Hallow Rd. F. Clearwater FL 33761 2395 CAMPBELL RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL CITY-ST-ZIP S Delete ☐ Change TITLE TITLE Addition OHR, VIVIAN T NAME NAME STREET ADDRESS 1456 ROGERS ST. STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33757 CITY-ST-ZIP TITLE ☐ Delete TITL F Change ☐ Addition NAME MEASE, BETTIE NAME STREET ADDRESS 1604 SUNSET DRIVE STREET ADDRESS CLEARWATER, FL 33755 CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change Addition PERKINS, DAVID NAME 1404 SUNSET DRIVE STREET ADDRESS STREET ADDRESS

FILED

Change

Addition

12. 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 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SPENING OFFICER OR DIRECTOR SIGNATURE: