

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 01, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 748125**

1. Entity Name

CLEARWATER HISTORICAL SOCIETY, INC.



Principal Place of Business

1350 S MARTIN LUTHER KING AVE.  
CLEARWATER FL 33757

Mailing Address

P.O. BOX 175  
CLEARWATER FL 33757

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-1938824

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GROSS, ZADE B  
2757 QUAIL HOLLOW RD E  
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name

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

City

**FL**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME WALLACE, WILLIAM  
STREET ADDRESS 606 TURNER ST  
CITY-ST-ZIP CLEARWATER FL 33756

TITLE ☐ Change ☐ Add  
NAME **U000000208572**  
STREET ADDRESS **02/01/05-80091-019 61.25**  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME GROSS, ZADE B  
STREET ADDRESS 2757 QUAIL HOLLOW RD. E  
CITY-ST-ZIP CLEARWATER FL 33761

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME OHR, VIVIAN T  
STREET ADDRESS 1456 ROGERS ST.  
CITY-ST-ZIP CLEARWATER FL 33757

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MEASE, BETTIE  
STREET ADDRESS 1604 SUNSET DRIVE  
CITY-ST-ZIP CLEARWATER FL 33755

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME PERKINS, DAVID  
STREET ADDRESS 1404 SUNSET DRIVE  
CITY-ST-ZIP CLEARWATER FL 33755

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SANDERS, MICHAEL  
STREET ADDRESS 411 ORANGEVIEW AVE.  
CITY-ST-ZIP CLEARWATER FL 33755

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE: Zade B. Gross Zade B. Gross 1-25-05 (727) 799 242  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #