2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 14, 2007 8:00 am **DOCUMENT # 748125 Secretary of State** 1. Entity Name 02-14-2007 90058 012 \*\*\*\*61.25 CLEARWATER HISTORICAL SOCIETY, INC. Principal Place of Business Mailing Address 1350 S MARTIN LUTHER KING AVE. P.O. BOX 175 CLEARWATER FL 33757 CLEARWATER FL 33757 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, otc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-1938824 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GROSS, ZADE B Street Address (P.O. Box Number is Not Acceptable) 2757 QUAIL HOLLOW RD E CLEARWATER FL 33761 City Zip Code 8. The above named entry 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 #applicable DATE (NOTE: Registered Agent signature required when registalism) FILE NOW FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD 🦠 ☐ Delete ШЦ IIIII Change Addition Jume NAMI OHR, VIVIAN T NAMI 1953 Byrum Dr. STREET ADDRESS STREET LADDRESS 1456 ROGERS ST clearwater FL 35755 CHY SLZIP **CLEARWATER FL 33757** CHY SI ZIP Delete HIII. 11111 Change Addition NAMi GROSS, ZADE B STREET ADDRESS 2757 QUAIL HOLLOW RD. E STREET ADDRESS CITY St-ZIP CLEARWATER FL 33761 CITY ST-7P ☐ Delete HILL HILL ☐ Change Addition NAMI. NAMI KEIF, LORELI SUBLET ADDRESS อได้มีไ ADDัลเอย 210 NORTH BETTY LN CHY SI-7IP CHY SI-7#P **CLEARWATER FL 33755** IIIII. Delete ☐ Change ☐ Addition NAMI NAMI MEASE, BETTIE STREET ADDRESS 1604 SUNSET DRIVE STREELADORESS CHY S1-ZIP CITY ST ZIP **CLEARWATER FL 33755** IIIII Delete 11113 ☐ Change Addition NAM WALLACE, WILLIAM NAMI STREET ADDRESS **606 TURNER ST** STREET ADDRESS CITY ST-ZIP CHY-ST ZIP **CLEARWATER FL 33756** 1000 ☐ Delete Change Addition NAME SANDERS, MICHAEL NAME STREET ADDRESS 411 ORANGEVIEW AVE. STREET ADORESS

indicated on this report or supplemental report is true and accurate and that my signature shall have the same logal 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.

CHY ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

SIGNATURE:

**CLEARWATER FL 33755** 

CRY-SI-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-07 727 799.2436

FILED