

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90023 045 \*\*\*\*61.25

**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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1938824

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2008**

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	OHR, VIVIAN T	
STREET ADDRESS	1953 BRYAN DR.	
CITY- ST- ZIP	CLEARWATER FL 33755	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GROSS, ZADE B	
STREET ADDRESS	2757 QUAIL HOLLOW RD. E	
CITY- ST- ZIP	CLEARWATER FL 33761	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KEIF, LORELI	
STREET ADDRESS	210 NORTH BETTY LN	
CITY- ST- ZIP	CLEARWATER FL 33755	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MEASE, BETTIE	
STREET ADDRESS	1604 SUNSET DRIVE	
CITY- ST- ZIP	CLEARWATER FL 33755	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALLACE, WILLIAM	
STREET ADDRESS	606 TURNER ST	
CITY- ST- ZIP	CLEARWATER FL 33756	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDERS, MICHAEL	
STREET ADDRESS	411 ORANGEVIEW AVE.	
CITY- ST- ZIP	CLEARWATER FL 33755	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Keif, Loreli	
STREET ADDRESS	210 N. BETTY LN.	
CITY- ST- ZIP	CLEARWATER FL 33755	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OHR, Vivian T.	
STREET ADDRESS	1953 BRYAN DR.	
CITY- ST- ZIP	CLEARWATER FL 33755	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEPHERSON, Charles	
STREET ADDRESS	9824 85th ST. N.	
CITY- ST- ZIP	LARGO, FL 33717	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- 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 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, Treasurer

*Zade B. Gross* 3-5-08 727 799-2436