2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# 748125

Entity Name: CLEARWATER HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

1350 S MARTIN LUTHER KING AVE.
CLEARWATER, FL 33757

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 175
CLEARWATER, FL 33757

New Mailing Address:

FEI Number: 59-1938824 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	KEIF, LORELI	
Address:	210 N BETTY LN	
City-St-Zip:	CLEARWATER, FL 33755	
Title:	TD	( ) Delete
Name:	GROSS, ZADE B	
Address:	2757 QUAIL HOLLOW RD. E	
City-St-Zip:	CLEARWATER, FL 33761	
Title:	SD	( ) Delete
Name:	OHR, VIVIAN T	
Address:	1953 BRYAN DR	
City-St-Zip:	CLEARWATER, FL 33755	
Title:	VD	( ) Delete
Name:	MCPHERSON, CHARLES	
Address:	9824 85TH ST N	
City-St-Zip:	SEMINOLE, FL 33777	
Title:	D	( ) Delete
Name:	WALLACE, WILLIAM	
Address:	606 TURNER ST	
City-St-Zip:	CLEARWATER, FL 33756	
Title:	D	( ) Delete
Name:	SANDERS, MICHAEL	
Address:	411 ORANGEVIEW AVE.	
City-St-Zip:	CLEARWATER, FL 33755	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZADE B GROSS TREA 04/20/2009
Electronic Signature of Signing Officer or Director — Date