FILED Apr 28, 2008 8:00 am Secretary of State 04-28-2008 90343 002 ****61.25

2008 NOT	T-FOR-PROFIT CORPO	KATION
	ANNUAL REPORT	

1. Entity Nam CLEARW	ne	# 751094 IITARIAN-UNIVER C.	RSALIST CI	HURCH			(04-28-2008	90343 002 *	·***61.2	5
Principal Place 2470 NURSE CLEARWATER	RY ROAD	-2720		ress SERY ROAD ER, FL 3462	24-2720						
2. Principal P	lace of Busine	ess - No P.O. Box #	3. Mailing A	ddress	•	,					
Suite, Apt. #, etc.		Suite, Ap	Suite, Apt. #, etc.			04212008	Chg-NP	CR2E037	(12/06)		
City & State		City & State				4. FEI Number 59-2085			-	plied For	
Zip		Country	Zip		Country		5. Certificate of	of Status Desired		8.75 Add ee Required	
	6. Name	and Address of Current	Registered Ag	ent			7. Name and	Address of Nev	v Registered Ag	jent	
WINNER, I 8142 NOR' LARGO, FI	WOOD RD).			Street A	ddress (I	P.O. Box Number	r is Not Accepta	bie)		
					City				FL	Zip Code	э
	named entity tions of registe	submits this statement for ered agent.	r the purpose of	f changing its	registered office of	r register	ed agent, or both	n, in the State of		miliar with,	and accept
SIGNATURE .	Signature, lyped o										<u> </u>
Filing Fee is \$61.25 Due by May 1, 2008			and little if applicable.	(NOTE	: Registered Agent signa	ture required	when reinstating)		DATE		
	Filing Fee		- 1		npalgn Financing	ture required	\$5.00 May Be Added to Fees	F	Make check Iorida Departn		
	Filing Fee	is \$61.25 ay 1, 2008	9.	Election Carr	npalgn Financing Contribution.		\$5.00 May Be Added to Fees	F	Make check lorida Departn	nent of St	late
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROLFES, 1	o is \$61.25 ay 1, 2008 OFFICERS AND DIF	9. RECTORS	Election Carr	npalgn Financing		\$5.00 May Be	NGES TO OFFI	Make check lorida Departn	nent of St	late
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AGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: