


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2004 08:00 AM
Secretary of State

DOCUMENT # 758947	
1. Entity Name SPARKLING CLEARWATER DEPRESSION GLASS CLUB, INC.	

Principal Place of Business 607 INDIANA CLEARWATER, FL 33756	Mailing Address 603 TURNER ST CLEARWATER, FL 33756
--	--

DO NOT WRITE IN THIS SPACE



01182004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2437475	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WHITEHOUSE, ETHEL 603 TURNER ST. CLEARWATER, FL 33756

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POPLER, ALICE 2124 CATALINA DRIVE SOUTH CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAMPBELL, TOM 58 BAYWOOD DRIVE SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, HARRY 209 WASHINGTON AVE OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, LEE 9985 56TH PLACE NORTH SAINT PETERSBURG, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP WHITEHOUSE, ETHEL 603 TURNER STREET CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STASY, AMY 10038 83 TERRACE NORTH BLDG. 7 SAINT PETERSBURG, FL 33708

U00000039783
02/09/04-80018-028 70.00

**DO NOT WRITE
IN THIS SPACE**

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: Tom Campbell Tom Campbell Feb 2, 2004 813 274 8545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #