

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2007 08:00 A
Secretary of State

DOCUMENT # 758947

1. Entity Name
**SPARKLING CLEARWATER DEPRESSION GLASS CLUB,
INC.**



Principal Place of Business
**405 SEMINOLE ST
CLEARWATER, FL 33755**

Mailing Address
**603 TURNER ST
CLEARWATER, FL 33756**



05212007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2437475

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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 September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
**S
WYLCOFF, KATHRYN
851 ORANGVIEW DR
LARGO, FL 33778**

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**

U00000765378
06/01/07-80002-020 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Tom Campbell **TOM CAMPBELL** 5/21/2007 727-225-2069