

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90101 016 ****61.25

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # NO1 000 005 005
1. Entity Name
The Historical + Cultural Society of Clearwater, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
405 Cleveland St.
Suite, Apt. #, etc.

3. Mailing Address
405 Cleveland St.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Clearwater FL
Zip
33755
Country
USA

City & State
Clearwater, FL
Zip
33755
Country
USA

4. FEI Number
59-3232719
Applied For
 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name Robert Davidson
Street Address (P.O. Box Number is Not Acceptable)
9448 117th St. N.
City Seminole FL Zip Code 33772

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reissuing)

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	<u>D Regina M. Augsten 108 24th St. Bellaire Beach FL 33786</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D Elizabeth Pippin 4509 Shamrock Rd. Tampa FL 33611</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D Robert Davidson 9448 117th St. N. Seminole FL 33772</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 on an attachment with an address, with all other like empowered.

SIGNATURE: Regina M Augsten REGINA M. AUGSTEN 04/30/2002
SIGNATURE AND TYPED OR PRINTED NAME OF BANKING OFFICER OR DIRECTOR Date Daytime Phone #