


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000005005**

1. Entity Name  
**THE HISTORICAL & CULTURAL SOCIETY OF CLEARWATER, INC.**



Principal Place of Business 405 CLEVELAND ST. CLEARWATER, FL 33755	Mailing Address 405 CLEVELAND ST. CLEARWATER, FL 33755
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04222004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3732719	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

DAVIDSON, ROBERT  
 9448 117TH ST. N.  
 SEMINOLE, FL 33772

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000145566  
 05/03/04-80030-018 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AUGSTEN, REGINA M 108 24TH ST. BELLAIR BEACH, FL 33786
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PIPPIN, ELIZABETH 4509 SHAMROCK RD. TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIDSON, ROBERT 9448 117TH ST. N. SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000145566  
 05/03/04-80030-019 8.75

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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:** Regina M Augsten 4/27/2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #