FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01262** **(7)**

1. Corporation Name
CLEARWATER ARTISTS' LEAGUE, INC.

Principal Place of Business	Mailing Address
860 MANDALAY C809 P.O. BOX 0698 CLEARWATER FL 34617-7698	860 MANDALAY C809 P.O. BOX 0698 CLEARWATER FL 34617-7698

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/07/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2402434 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Clearwater Library	26 1618 Leo Lane
Suite, Apt. #, etc. 22 100 No. Osceola Ave	Suite, Apt. #, etc. 27 Apt 3
City & State 23 Clearwater, FL	City & State 28 Clearwater FL
Zip / Country 24 34615 / 25 Pinellas	Zip / Country 29 34615 / 30 Pinellas

9. Name and Address of Current Registered Agent

HAGGITT, JOHN R.
300 TURNER ST.
CLEARWATER FL 33516

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	CLAUDIA SAUNDERS	1.2 NAME	Vivian Ruegger	
STREET ADDRESS	1904 HARDING	1.3 STREET ADDRESS	3042 Oak Forest Dr No.	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Clearwater, FL 34619	
TITLE	SD	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	ELLEN BLAKLEY	2.2 NAME	Vera Besser	
STREET ADDRESS	259 BAYSHORE DR.	2.3 STREET ADDRESS	880 Mandalay Ave, C-515	
CITY-ST-ZIP	CLEARWATER BCH. FL	2.4 CITY-ST-ZIP	Clearwater, FL 34630	
TITLE	TD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	BELANGLER, RAY	3.2 NAME	Carol Christie	
STREET ADDRESS	306 ORANGEWOOD LANE	3.3 STREET ADDRESS	1618 Leo Lane #3	
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	Clearwater FL 34615	
TITLE	VD	4.1 TITLE	V.D	☒ Change ☐ Addition
NAME	AUEGGER, VIV	4.2 NAME	Sultana Volaitis	
STREET ADDRESS	3042 OAK FOREST DR N	4.3 STREET ADDRESS	708 1st Ave No	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	~~Clearwater~~ FL 34695	
TITLE		5.1 TITLE	Safety Harbor	☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carol Christie 22 Apr 95 (813) 447-2055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0098241