

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N01262 (7)

1. Corporation Name

CLEARWATER ARTISTS' LEAGUE, INC.



Principal Place of Business

CLEARWATER LIBRARY
100 N. OSCEOLA AVE.
CLEARWATER FL 34615
US

Mailing Address

1518 LEO LANE
APT 3
CLEARWATER FL 34615
US
P.O. Box 753
Clearwater
FL 34617

3. Date Incorporated or Qualified
02/07/1984

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAGGITT, JOHN R.
300 TURNER ST
CLEARWATER FL 33516

81 Name
Sultana Volaitis
82 Street Address (P.O. Box Number is Not Acceptable)
20 Gretchen Ct
83
84 City
Oldsmar
85 Zip Code
FL 34677

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Sultana Volaitis

4/25/96

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	RUEGGER, VIVAN	3042 OAK FOREST DR NO	CLEARWATER FL	<input checked="" type="checkbox"/>
SD	BESSER, VERA	880 MANDALAY AVENUE, APT. C-515	CLEARWATER FL	<input checked="" type="checkbox"/>
TD	CHRISTIE, CAROL	1518 LEO LANE, #3	CLEARWATER FL	<input checked="" type="checkbox"/>
VD	VOLAITIS, SULTANA	708 1ST AVE NORTH	SAFETY HARBOR FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
President/D	Volaitis, Sultana	20 Gretchen Ct	Oldsmar, FL 34677	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secretary/D	Phillips, Sally	460 GULF Blvd, #1207	Clearwater, FL 34630	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Treasurer/D	Viv Ruegger	3042 Oak Forest Dr No	Clearwater, FL -	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vice President/D	Lowe, John	880 Mandalay Ave, S-704	Clearwater Bch, FL 34630	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 or on an attachment with an address.

SIGNATURE:

Sultana Volaitis

4/25/96 (813) 720-4357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)