

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01262

1. Corporation Name

CLEARWATER ARTISTS' LEAGUE, INC.

Principal Place of Business

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

Mailing Address

P.O. BOX 753
CLEARWATER FL 34617
US

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90193 044 ****61.25

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2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

3. Date Incorporated or Qualified

02/07/1984

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

9. Name and Address of Current Registered Agent

VALAITIS, SULTANA
20 GRETCHEN COURT
OLDSMAR FL 34677

10. Name and Address of New Registered Agent

81 Name

ANNE DAY

82 Street Address (P.O. Box Number is Not Acceptable)

1401 BYRAM DR.

83

84 City

CLEARWATER

FL

85 Zip Code

33755

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 Vivian Ruegger TD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

April 20, 1999

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME VOLATIS, SULATNA
STREET ADDRESS 20 GRETCHEN COURT
CITY-ST-ZIP OLDSMAR FL

TITLE SD ☒ DELETE
NAME PHILLIPS, SALLY
STREET ADDRESS 460 GULF BLVD #1207
CITY-ST-ZIP CLEARWATER FL

TITLE TD ☐ DELETE
NAME RUEGGER, VIV
STREET ADDRESS 3042 OAK FOREST DRIVE NORTH
CITY-ST-ZIP CLEARWATER FL

TITLE VD ☐ DELETE
NAME LOWE, JOHN
STREET ADDRESS 880 MANDALAY AVENUE S-704
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☐ Addition
1.2 NAME ANNE DAY
1.3 STREET ADDRESS 1401 BYRAM DR.
1.4 CITY-ST-ZIP CLEARWATER FLA 33755

2.1 TITLE SD ☒ Change ☐ Addition
2.2 NAME VERA Bessen
2.3 STREET ADDRESS 880 MANDALAY APT C 515
2.4 CITY-ST-ZIP CLEARWATER FLA 34630

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: Vivian Ruegger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 1999 (727) 797-0284

Date

Daytime Phone #

0054391

CR2E037 (11/98)