


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90034 037 ****61.25

DOCUMENT # N02613					
1. Entity Name CLEARWATER LIBRARY FOUNDATION, INC.					
Principal Place of Business 100 N OSCEOLA AVE CLEARWATER, FL 33755 US			Mailing Address 100 N OSCEOLA AVE CLEARWATER, FL 33755 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01302006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 59-2515488	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DICKINSON, III, ROBERT C 1230 S MYRTLE AVE STE 101 CLEARWATER, FL 33756			Name		
			Street Address (P.O. Box Number is Not Acceptable) 1247 S. Myrtle Ave.		
			City		FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARVEY, RITA		NAME	MARTENS, DAVID C.	
STREET ADDRESS	1550 RIDGEWOOD		STREET ADDRESS	425 LOTUS PATH	
CITY-ST-ZIP	CLEARWATER, FL 33755		CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOB, W. ALEX		NAME	SMITH, GEORGE R.	
STREET ADDRESS	611 SMALLWOOD CIRCLE		STREET ADDRESS	525 INDIAN ROCKS ROAD	
CITY-ST-ZIP	CLEARWATER, FL 33755		CITY-ST-ZIP	BELLEAIR, FL 33770	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARD, FELICIA		NAME	LEONARD, FELICIA	
STREET ADDRESS	1851 GLENVILLE DRIVE		STREET ADDRESS	1851 GLENVILLE DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 33765		CITY-ST-ZIP	CLEARWATER, FL 33765	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRITCHLEY, JOSEPH		NAME	CRITCHLEY, JOSEPH	
STREET ADDRESS	711 PINELLAS STREET		STREET ADDRESS	711 PINELLAS STREET	
CITY-ST-ZIP	CLEARWATER, FL 33756		CITY-ST-ZIP	CLEARWATER, FL 33754	
TITLE	M	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELGES, JUDY B		NAME		
STREET ADDRESS	100 N. OSCEOLA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33755		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	SCHOENAU, MARLIES	
STREET ADDRESS			STREET ADDRESS	1226 TURNER STREET	
CITY-ST-ZIP			CITY-ST-ZIP	CLEARWATER, FL 33754	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Judy B. Melges</i>		- Judy B. Melges		1/30/06 (727) 562-4970	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone # 15088	

CONTINUED

ATTACHMENT

40013388

N02613

II. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN 10,

Title TD Addition
Name DICKINSON, MERCEDES WALKER
Street Address 304 BARBARA CIRCLE
City-ST-Zip BELLEAIR, FL 33754

Title D Addition
Name BRANCATO, GEORGINE
Street Address 50 CAMELIA COURT
City-ST-ZIP OLDSMAR, FL 34677

Title D Addition
Name CLEMENS, RICHARD A.
Street Address 601 CLEVELAND STREET, STE. 900
City-ST-Zip CLEARWATER, FL 33755

Title D Addition
Name LONDRIGAN, GWIN
Street Address 27 BOOTH BOULEVARD
City-ST-Zip SAFETY HARBOR, FL 34695

Title D Addition
Name ORR, JACKIE
Street Address 475 PARK AVENUE
City-ST-Zip BELLEAIR, FL 33756

(Attachment to Doc. # N02613 2006 Not-For-Profit Corp Annual Report
for Clearwater Library Foundation, Inc.)