
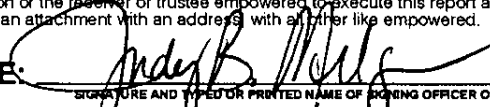


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90036 038 ****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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
City & State		4. FEI Number 59-2515488	
Zip		Country	
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 1247 S MYRTLE AVE CLEARWATER, FL 33756		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	VD MARTENS, DAVID C 425 LOTUS PATH CLEARWATER, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANCATO, GEORGINE 50 CAMELIA COURT OLDSMAR, FL 34677 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, GEORGE R 525 INDIAN ROCKS RD LARGO, FL 33770 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEMENS, RICHARD A. 2300 BARCELONA DR. DUNEDIN, FL 34698 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEONARD, FELICIA 1851 GLENVILLE DR CLEARWATER, FL 33765 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DICKINSON, MERCEDES WALKER 304 BARBARA CIRCLE BELLEAIR, FL 33754 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRITCHLEY, JOSEPH 711 PINELLAS ST CLEARWATER, FL 33756 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEATHERSTONE, JULIE 10226 FALCON TERRACE SEMINOLE, FL 33778 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MELGES, JUDY B 100 N. OSCEOLA AVENUE CLEARWATER, FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONDRIGAN, GWIN 27 BOOTH BOULEVARD SAFETY HARBOR, FL 34695 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHOENAU, MARLIES 1226 TURNER ST CLEARWATER, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGUIRE, SEAN 250 S. GARDEN CIRCLE BELLEAIR, FL 33756 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 another like empowered.			
SIGNATURE: 		Date: 01 February 2007 Daytime Phone #: 727-562-4970	

ATTACHMENT
40011337

2007 Not-For-Profit Corporation # N02613
Annual Report

11. Additions/Changes to Officers and Directors in 10. (continued)

TITLE	D	<input checked="" type="checkbox"/> Addition
NAME	Orr, Jackie	
ADDRESS	475 Park Avenue	
CITY ST ZIP	Belleair, FL 33756	

TITLE	D	<input checked="" type="checkbox"/> Addition
NAME	Rowland, Michelle	
ADDRESS	100 Leeward Island Drive	
CITY ST ZIP	Clearwater, FL 33767	