


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90013 007 \*\*\*\*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**

40012340



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01232008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2515488** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DICKINSON, III, ROBERT C  
 1247 S MYRTLE AVE  
 CLEARWATER, FL 33756**

7. Name and Address of New Registered Agent  
 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, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	MARTENS, DAVID C	
STREET ADDRESS	425 LOTUS PATH	
CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, GEORGE R	
STREET ADDRESS	525 INDIAN ROCKS RD	
CITY-ST-ZIP	LARGO, FL 33770	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRANCATO, GEORGINE	
STREET ADDRESS	50 CAMELIA COURT	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLEMENS, RICHARD A	
STREET ADDRESS	2300 BARCELONA DR	
CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	M	<input type="checkbox"/> Delete
NAME	MELGES, JUDY B	
STREET ADDRESS	100 N. OSCEOLA AVENUE	
CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SCHOENAU, MARLIES	
STREET ADDRESS	1226 TURNER ST	
CITY-ST-ZIP	CLEARWATER, FL 33756	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DICKINSON, MERCEDES WALKER	
STREET ADDRESS	304 BARBARA CIRCLE	
CITY-ST-ZIP	BELLEAIR, FL 33754	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEATHERSTONE, JULIE	
STREET ADDRESS	10226 FALCON TERRACE	
CITY-ST-ZIP	SEMINOLE, FL 33778	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANCATO, GEORGINE	
STREET ADDRESS	50 CAMELIA COURT	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEMENS, RICHARD A.	
STREET ADDRESS	2300 BARCELONA DR.	
CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LONDRIGAN, GWIN	
STREET ADDRESS	27 SOUTH BOULEVARD	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILAM, KATHY	
STREET ADDRESS	1828 VENETIAN PT. DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 33755	

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 officers empowered.

SIGNATURE: *Judy B. Melges* Date: *29 January 2008* (727) 562-4970 x5088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR