


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90037 008 \*\*\*\*61.25

<b>DOCUMENT # N03000006639</b>					
<b>1. Entity Name</b> CLEARWATER NEIGHBORHOODS COALITION FOUNDATION, INC.					
<b>Principal Place of Business</b> 1164 NE CLEVELAND CLEARWATER, FL 33755			<b>Mailing Address</b> 1164 NE CLEVELAND CLEARWATER, FL 33755		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-1200732	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  DORAN, JOHN 1164 NE CLEVELAND CLEARWATER, FL 33755			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMS, DOUGLAS 2544 FRISCO DRIVE CLEARWATER, FL 33761		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	SD EUICH, JOSEPH W 2296 HABERSHAW DR CLEARWATER, FL 33764		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	[X] Change [ ] Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VD ORTEGA, RIC 1949 CARLOS AVE CLEARWATER, FL 33755		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD Kuroughlian, Shelley 1821 Springwood Circle S CLEARWATER FL 33763	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	SD SISKIN, JOANNA 121 N CREST AVE CLEARWATER, FL 33755		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition	
<b>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.</b>					
<b>SIGNATURE:</b> Douglas Williams <i>Douglas Williams</i> Jan 29, 2008 727 725-3345 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					