

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90193 001 ****61.25
03-04-2005 90193 002 *****8.75

DOCUMENT # N03000009511 1. Entity Name CLEARWATER HIGH SCHOOL PROJECT GRADUATION, INC.					
Principal Place of Business 540 SOUTH HERCULES AVE. CLEARWATER, FL 33764			Mailing Address 540 SOUTH HERCULES AVE. CLEARWATER, FL 33764		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 81-0634987	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LA BELLE, RICHARD 3446 LAKE DR. DUNEDIN, FL 34698			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's signature required when registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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	D <input type="checkbox"/> Delete SCHMIDT, TERRY 1408 DOUGLAS DR. CLEARWATER, FL 33756		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete SCHANK, DOUGLAS 2024 DIPLOMAT DR. CLEARWATER, FL 33764		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director James Nichols <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2137 Lakeview Road Clearwater, FL 33764	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete MCKINLEY, SHERRI 113 N. MAYWOOD AVE. CLEARWATER, FL 33765		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Eric Van Portfliet <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1843 Juanita Court Clearwater, FL 33764	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete MARVIN, JANET 2505 WEYMOUTH DR. CLEARWATER, FL 33764		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Sharon Pumphrey <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1627 Windsor Drive Clearwater, FL 33755	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete HAWKINS, GINA 928 NACISSUS CLEARWATER, FL 33764		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Theresa Smith <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2201 Hennesen Drive Clearwater, FL 33764	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete WALBOLT, MARGO 2099 BURNICE DR. CLEARWATER, FL 33764		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Patricia Weaver <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2317 Glenmoor Road N. Clearwater, FL 33764	
12. 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 2-8-05 727-562-4804		