
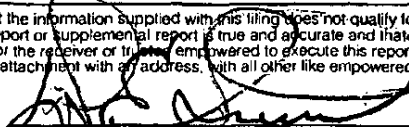


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-05-2004 90049 041 ****61.25

DOCUMENT # N04000000184 1. Entity Name CLEARWATER FINE ARTS FESTIVAL, INC.					
Principal Place of Business 11865 34TH STREET NORTH ST PETERSBURG, FL			Mailing Address 11865 34TH STREET NORTH ST PETERSBURG, FL		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BLENNER, WALTER W ESQ. GLENN BERG & BLENNER 2708 ALT. 19 NORTH SUITE 701 PALM HARBOR, FL 34683				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 _____ <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE _____ NAME P. Bill Scott STREET ADDRESS 11865 34th St. N CITY-STATE-ZIP St. Petersburg, FL 33716	<input type="checkbox"/> Delete				
TITLE _____ NAME ST Janet E. Scott STREET ADDRESS 14812 Feather Cove Ln. CITY-STATE-ZIP Clearwater, FL 33762	<input type="checkbox"/> Delete				
TITLE _____ NAME Dir. Ed Bodier STREET ADDRESS 11805 N. 51st St. CITY-STATE-ZIP Tempe, Arizona, FL 33607	<input type="checkbox"/> Delete				
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____	<input type="checkbox"/> Delete				
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____	<input type="checkbox"/> Delete				
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____	<input type="checkbox"/> Delete				
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____	<input type="checkbox"/> Delete				
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:  W E Scott 4-1-04 727-556-0550 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Phone #</small>					

66413012



02102004 Chg-NP CR2E037 (10/03)

4. FEI Number **20-0563356** Applied For Not Applicable

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