

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000184

FILED  
Jan 04, 2005  
Secretary of State

Entity Name: CLEARWATER FINE ARTS FESTIVAL, INC.

**Current Principal Place of Business:**

11865 34TH STREET NORTH  
ST PETERSBURG, FL

**New Principal Place of Business:**

**Current Mailing Address:**

11865 34TH STREET NORTH  
ST PETERSBURG, FL

**New Mailing Address:**

FEI Number: 20-0563356

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLENNER, WALTER W ESQ  
GLENN BERG & BLENNER  
2708 ALT. 19 NORTH SUITE 701  
PALM HARBOR, FL 34683 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SCOTT, BILL  
Address: 865 34TH STREET NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: ST ( ) Delete  
Name: SCOTT, JANET E  
Address: 14812 FEATHER COVE LANE  
City-St-Zip: CLEARWATER, FL 33762

Title: D ( ) Delete  
Name: BODLER, ED  
Address: 11805 WEST 51ST STREET  
City-St-Zip: TEMPLE TERRACE, FL 33607

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SCOTT, BILL  
Address: 11865 34TH STREET NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL SCOTT

P

01/04/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date