

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000036

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: THE CLEAR WATER ZEN MEDITATION GROUP, INC.

## Current Principal Place of Business:

SMITH & HOPEN P.A.  
180 PINE AVENUE NORTH  
OLDSMAR, FL 34677 US

## New Principal Place of Business:

CLEAR WATER ZEN CENTER  
2476 NURSERY ROAD  
CLEARWATER, FL 33764 US

## Current Mailing Address:

SMITH & HOPEN P.A.  
180 PINE AVENUE NORTH  
OLDSMAR, FL 34677 US

## New Mailing Address:

CLEAR WATER ZEN CENTER  
2476 NURSERY ROAD  
CLEARWATER, FL 33764 US

FEI Number: 54-2192206

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, RONALD E  
180 PINE AVENUE NORTH  
OLDSMAR, FL 34677 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: SMITH, RONALD E MR.  
Address: 957 WEATHERSFIELD DRIVE  
City-St-Zip: DUNEDIN, FL 34698 US

Title: VP ( ) Delete  
Name: ROSEN, KENNETH P MR.  
Address: 10388 KUMQUAT LANE  
City-St-Zip: SEMINOLE, FL 33772 US

Title: S ( ) Delete  
Name: WOOD, DAVID M MR.  
Address: 300 CENTRAL AVENUE, # 404  
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: T ( ) Delete  
Name: SMILJANICH, DOROTHY MRS.  
Address: 1820 ALICIA WAY  
City-St-Zip: CLEARWATER, FL 33764 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 exemption stated 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 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: /RONALDESMITH/

P

03/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date