


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90032 013 \*\*\*\*61.25

<b>DOCUMENT # N06000000060</b>					
<b>1. Entity Name</b> CLEARWATER HIGH SCHOOL ALUMNI ASSOCIATION, INC.					
<b>Principal Place of Business</b> 611 S. FT. HARRISON AVE., STE. 319 CLEARWATER, FL 33756			<b>Mailing Address</b> 611 S. FT. HARRISON AVE., STE. 319 CLEARWATER, FL 33756		
<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> 04-3839998	
				<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>  TSACRIOS, JOHN C. 1644 CLEVELAND ST. CLEARWATER, FL 33755				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code                 </div>	
<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 <u>JOHN C. TSACRIOS PD</u> <span style="float: right;">1-16-08</span> <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> PD	<b>NAME</b> TSACRIOS, JOHN C. <input type="checkbox"/> Delete			<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1644 CLEVELAND STREET	<b>CITY-ST-ZIP</b> CLEARWATER, FL 33755			<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> VTD	<b>NAME</b> BARBER, JAMES W <input type="checkbox"/> Delete			<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 408 MARIVA AVE.	<b>CITY-ST-ZIP</b> CLEARWATER, FL 33755			<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> D	<b>NAME</b> GEER, BRUCE G <input type="checkbox"/> Delete			<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1888 DEL ROBLES	<b>CITY-ST-ZIP</b> CLEARWATER, FL 33764			<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> D	<b>NAME</b> PROKES, DOANLD R <input checked="" type="checkbox"/> Delete			<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1006 BAY AVE.	<b>CITY-ST-ZIP</b> CLEARWATER, FL 33756			<b>STREET ADDRESS</b> D PROKES, DONALD R. 1006 BAY AVE. CLEARWATER, FL. 33756	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<input type="checkbox"/> Delete			<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>				<b>NAME</b>	
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>				<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete			<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>				<b>NAME</b>	
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>				<b>CITY-ST-ZIP</b>	
<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> <u>JAMES W. BARBER</u> <span style="float: right;">1-16-08 (727) 215-2614</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					