

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008589

FILED  
Jul 05, 2007  
Secretary of State

**Entity Name:** CLEARWATER FREE CLINIC FOUNDATION, INC.

**Current Principal Place of Business:**

707 NORTH FT HARRISON AVENUE  
CLEARWATER, FL 33755

**New Principal Place of Business:**

**Current Mailing Address:**

707 NORTH FT HARRISON AVENUE  
CLEARWATER, FL 33755

**New Mailing Address:**

**FEI Number:** 20-5895491      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

MARQUARDT, EMIL C JR  
625 COURT STREET STE 200  
CLEARWATER, FL 33756      US

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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: P ( ) Change (X) Addition  
Name: BOUTON, STEVE  
Address: 707 NORTH FT HARRISON AVENUE  
City-St-Zip: CLEARWATER, FL 33755

Title: VP ( ) Change (X) Addition  
Name: LIVINGSTON, BRUCE  
Address: 707 NORTH FT HARRISON AVENUE  
City-St-Zip: CLEARWATER, FL 33755

Title: T ( ) Change (X) Addition  
Name: GUNDERSON, BRIAN  
Address: 707 NORTH FT HARRISON AVENUE  
City-St-Zip: CLEARWATER, FL 33755

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: BRIAN GUNDERSON

T

07/05/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date