


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1023 App.  
**FILED**  
Mar 21, 2008 08:00 A  
Secretary of State

<b>DOCUMENT # N06000008589</b> 1. Entity Name <b>CLEARWATER FREE CLINIC FOUNDATION, INC.</b>	
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Principal Place of Business <b>707 NORTH FT HARRISON AVENUE CLEARWATER, FL 33755</b>	Mailing Address <b>707 NORTH FT HARRISON AVENUE CLEARWATER, FL 33755</b>
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02262008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-5895491</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

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

*441-8966*

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOUTON, STEVE 707 NORTH FT HARRISON AVENUE CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LIVINGSTON, BRUCE 707 NORTH FT HARRISON AVENUE CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUNDERSON, BRIAN 707 NORTH FT HARRISON AVENUE CLEARWATER, FL 33755
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

04/08/08-80034-013 61.25

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.

**SIGNATURE:** *Jan R. Shapiro* **3/18/08** **727 447-3041**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #