

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2008 8:00 am
Secretary of State

07-16-2008 90010 001 ****70.00

DOCUMENT # N07000002680					
1. Entity Name THE CLEARWATER BEARS CLUB, INC.					
Principal Place of Business 840 CLEVELAND ST CLEARWATER, FL 33755			Mailing Address 840 CLEVELAND ST CLEARWATER, FL 33755		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number	
5. Certificate of Status Desired				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HEFFINGTON, THOMAS 840 CLEVELAND ST CLEARWATER, FL 33755				Name RICHARD SHIFFLETT Street Address (P.O. Box Number is Not Acceptable) 29250 US HWY 19N #141 City CLEARWATER FL 33761	
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 <i>Richard Shifflett</i> RICHARD SHIFFLETT <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 8 JUN 08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME HEFFINGTON, THOMAS STREET ADDRESS 516 36TH AVE CITY-ST-ZIP ST PETERSBURG, FL 33711	<input checked="" type="checkbox"/> Delete		TITLE P NAME SHIFFLETT, RICHARD STREET ADDRESS 29250 US HWY 19N #141 CITY-ST-ZIP CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME THALER, JEFFERY STREET ADDRESS 1808 SHERWOOD CIR CITY-ST-ZIP CLEARWATER, FL 33764	<input checked="" type="checkbox"/> Delete		TITLE VP NAME WANSLOT, JEFF STREET ADDRESS 840 CLEVELAND ST CITY-ST-ZIP CLEARWATER, FL 33755	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME SHIFFLETT, RICHARD STREET ADDRESS 840 CLEVELAND ST CITY-ST-ZIP CLEARWATER, FL 33755	<input checked="" type="checkbox"/> Delete		TITLE S NAME YOUNG, ANTHONY STREET ADDRESS 840 CLEVELAND ST CITY-ST-ZIP CLEARWATER, FL 33755	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME RANDALL, WILLIAMS STREET ADDRESS 840 CLEVELAND ST CITY-ST-ZIP CLEARWATER, FL 33755	<input checked="" type="checkbox"/> Delete		TITLE T NAME BRUCE, MARK STREET ADDRESS 909 S KEYSTONE AVE CITY-ST-ZIP CLEARWATER, FL 33756	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Richard Shifflett</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 8 JUNE 2008 <small>Daytime Phone #</small>	

727 254 2499