

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002680

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: THE CLEARWATER BEARS CLUB, INC.

**Current Principal Place of Business:**

840 CLEVELAND ST  
CLEARWATER, FL 33755

**New Principal Place of Business:**

**Current Mailing Address:**

840 CLEVELAND ST  
CLEARWATER, FL 33755

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

SHIFFLETT, RICHARD  
29250 US HWY 19 N #141  
CLEARWATER, FL 33761 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: VP ( ) Delete  
Name: WASNLOT, JEFF  
Address: 840 CLEVELAND ST  
City-St-Zip: CLEARWATER, FL 33755

Title: S ( ) Delete  
Name: YOUNG, ANTHONY  
Address: 840 CLEVELAND ST  
City-St-Zip: CLEARWATER, FL 33755

Title: P ( ) Delete  
Name: SHIFFLETT, RICHARD  
Address: 24250 US HWY 19 N #141  
City-St-Zip: CLEARWATER, FL 33761

Title: T ( ) Delete  
Name: BRUCE, MARK  
Address: 909 S KEYSTONE AVE  
City-St-Zip: CLEARWATER, FL 33756

**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: MARK BRUCE

T

04/24/2009

Electronic Signature of Signing Officer or Director

Date