

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N29803**

1. Entity Name  
CLARK FAMILY FUND, INC.



Principal Place of Business  
100 NORTH STARCREST  
CLEARWATER, FL 33765 US

Mailing Address  
PO BOX 5165  
CLEARWATER, FL 33758 US



01102007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0118632

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CLARK, JOSEPH W  
100 N STARCREST  
CLEARWATER, FL 33765

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
CLARK, TERRELL  
100 NORTH STARCREST  
CLEARWATER, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
CLARK, JOSEPH W.  
100 NORTH STARCREST  
CLEARWATER, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
CLARK, C. WHALEN  
100 NORTH STARCREST  
CLEARWATER, FL 33765

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
CLARK, JOHNSON S  
100 N STARCREST DR  
CLEARWATER, FL 33765

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000692388  
04/13/07-80050-016 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Joseph W. Clark*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 2, 2007*  
Date

*(727) 446-2996*  
Daytime Phone #