

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29803

FILED  
Jan 27, 2009  
Secretary of State

Entity Name: CLARK FAMILY FUND, INC.

**Current Principal Place of Business:**

100 NORTH STARCREST  
CLEARWATER, FL 33765 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5165  
CLEARWATER, FL 33758 US

**New Mailing Address:**

PO BOX 344  
SAFETY HARBOR, FL 34695 US

FEI Number: 65-0118632      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CLARK, JOSEPH W  
2530 PROSPECT RD.  
TAMPA, FL 33629 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: D ( ) Delete  
Name: CLARK, TERRELL,  
Address: 2530 PROSPECT RD  
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete  
Name: CLARK, JOSEPH W.,  
Address: 2530 PROSPECT RD  
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete  
Name: CLARK, C. WHALEN  
Address: 2530 PROSPECT RD  
City-St-Zip: TAMPA, FL 33625

Title: D ( ) Delete  
Name: CLARK, JOHNSON S  
Address: 2530 PROSPECT RD  
City-St-Zip: TAMPA, FL 33629

**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: JOSEPH W CLARK

D

01/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date