

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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| DOCUMENT # N31318 | |
| 1. Entity Name SENIORS CIVIL LIBERTIES ASSOCIATION, INC. | |



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 15 AM 9:03

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|--|---|
| Principal Place of Business 1221 TURNER STREET SUITE 106 CLEARWATER, FL 33756 | Mailing Address P.O. BOX 2332 DUNEDIN, FL 34698 |
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|--|---------|---------------------|---------|
| 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 |

08272008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3013298

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

| | |
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| 6. Name and Address of Current Registered Agent | |
| ACKERLY, OLIVER 1554 SOUTH FORT HARRISON AVENUE CLEARWATER, FL 33756 | |

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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

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) DATE _____

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| 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 |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TIERNEY, FLORENCE 31 ISLAND WAY #1004 CLEARWATER, FL 34630 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 300135020493 08/27/08--01001--010 **210.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BURR, F J 1221 TURNER STREET #106 CLEARWATER, FL 33756 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 300135020493 09/16/08--01016--016 **140.95 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSTD MASCHING, JANET 174 ARBOR DR. W. PALM HARBOR, FL 34683 <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 | D MEYER, LASSIE RT 1 BOX 380-A SHANNON COOKEVILLE, TN 38501 <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 | D KINTZEL, GREGORY 3048 EASTLAND BLVD SUITE C-104 CLEARWATER, FL 33761 <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: *Seniors Civil Liberties Association Inc* *9/15/08* *9/18/08*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #