2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Jul 06, 2004 8:00 am DOCUMENT # N34522 ---**Secretary of State** 1. Entity Name 07-06-2004 90111 035 ****61.25 SOUTH CLEARWATER CITIZENS FOR PROGRESSIVE ACTIONASSOCIATION, INC. Principal Place of Business Mailing Address 1426 SOUTH GREENWOOD 1120 KINGSLEY 44046865 CLEARWATER FL 33756 **CLEARWATER FL 33756** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-2994917 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TIEMAN, L D Street Address (P.O. Box Number is Not Acceptable) 1120 KINGLEY ST CLEARWATER FL 33756 City 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) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Defete TITLE Change Addition TIEMAM, L. "DUKE" NAME NAME 1120 KINGSLEY ST STREET ADDRESS STREET ADDRESS CLEARWATER FL 33756 CITY-ST-ZIP CITY-ST-ZIP ۷'n TITLE Delete TITI E M Change ☐ Addition JENKINS, JOHN KENNETH ANDERSON NAME 1146 ALMA 1325 WASHINGTON ALE SO. STREET ADDRESS STREET ADDRESS CLEARWATER FL 33756 CITY-ST-ZIP CITY-ST-7IP CLEARWATER, 72. 33756 TITLE ☐ Delete ☐ Change Addition TIEMAN, GENI NAME NAME 1120 KINGSLEY ST STREET ADDRESS STREET ADDRESS CLEARWTER FL 33756 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI E ☐ Change ☐ Addition DUDLEY, LUCILLE NAME NAME 1584 TILLEY AVENUE STREET ADDRESS STREET ADDRESS CLEARWATER FL 33756 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition CARPENTER EMMET W. NAME NAME 1565 SCRANTON AVENUE STREET ADDRESS STREET ADDRESS CLEARWATER FL 33756 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CJTY - ST- 7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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

FILED

3 o Sue 04 727-422.0404

Date Daylime Phone #