

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N46638** (5)  
1. Corporation Name  
**THE GEORGE C. CLARK FOUNDATION, INC.**

Principal Place of Business <b>2520 SUNSET POINT RD. LOT 45 CLEARWATER FL 04625</b>	Mailing Address <b>2520 SUNSET POINT RD. LOT 45 CLEARWATER FL 34625</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 <b>33765</b>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 <b>33765</b>	3. Date Incorporated or Qualified <b>12/23/1991</b>	4. FEI Number <b>59-3099865</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>SKALSKI, JOSEPH C. 4500-140TH AVENUE NORTH SUITE 214 CLEARWATER FL 34625</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code <b>33762</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <b>CLARK, CURTIS M</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VT <b>CLARK, DAVID</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>2321 HARN BLVD.</b>	1.2 NAME	<b>2321 HARN BLVD.</b>
STREET ADDRESS	<b>CLEARWATER FL</b>	1.3 STREET ADDRESS	<b>CLEARWATER, FL</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	T <b>MATHIESON, LOIS M.</b> <input type="checkbox"/> DELETE	2.1 TITLE	ST <b>CLARK, MARSHA</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>2520 SUNSET PT. RD., LOT #37</b>	2.2 NAME	<b>2321 HARN BLVD.</b>
STREET ADDRESS	<b>CLEARWATER FL</b>	2.3 STREET ADDRESS	<b>CLEARWATER, FL</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	T <b>CLARK, NANCY R.</b> <input type="checkbox"/> DELETE	3.1 TITLE	T <b>CLARK, George C. Jr.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>9135-130TH WAY N.</b>	3.2 NAME	<b>P.O. Box 248 (N/A)</b>
STREET ADDRESS	<b>SEMINOLE FL</b>	3.3 STREET ADDRESS	<b>EVERSON, WA 98247</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T <b>BIZJAK, KERRI JO</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	<b>1202 ELAINE DRIVE</b>	4.2 NAME	
STREET ADDRESS	<b>ANACONDA MT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	T <b>MADDEN, JAMES E.</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	<b>7827 NW 50TH</b>	5.2 NAME	
STREET ADDRESS	<b>GAINESVILLE FL</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	PTT <b>CLARK, GEORGE C.</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>400002438794</b>
NAME	<b>2520 SUNSET POINT ROAD #45</b>	6.2 NAME	<b>-02/24/98--01016--028</b>
STREET ADDRESS	<b>CLEARWATER FL</b>	6.3 STREET ADDRESS	<b>***61.25</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George C. Clark George C. Clark, President 11/16/98 (813) 799-1423

CR2E037 (1097)