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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N46638**

1. Corporation Name

THE GEORGE C. CLARK FOUNDATION, INC.

Principal Place of Business

2520 SUNSET POINT RD.
LOT 45
CLEARWATER FL 33765

Mailing Address

2520 SUNSET POINT RD.
LOT 45
CLEARWATER FL 33765



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/23/1991

4. FEI Number

59-3099865

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SKALSKI, JOSEPH C.
4500-140TH AVENUE NORTH
SUITE 214
CLEARWATER FL 34622

10. Name and Address of New Registered Agent

81 Name

JOSEPH C. SKALSKI

82 Street Address (P.O. Box Number is Not Acceptable)

14010 Roosevelt Blvd.

83

Ste. 708

84 City

CLEARWATER

FL

85 Zip Code

33762

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


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

JOSEPH C. SKALSKI

(NOTE: Registered Agent signature required when reinstating)

DATE

11/12/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
CLARK, DAVID
STREET ADDRESS
2321 HARN BLVD.
CITY-ST-ZIP
CLEARWATER FL

TITLE ☐ DELETE

NAME
MATHIESON, LOIS M.
STREET ADDRESS
2520 SUNSET PT. RD., LOT #345
CITY-ST-ZIP
CLEARWATER FL

TITLE ☐ DELETE

NAME
CLARK, NANCY R.
STREET ADDRESS
9135-130TH WAY N.
CITY-ST-ZIP
SEMINOLE FL

TITLE ☐ DELETE

NAME
CLARK, MARSHA
STREET ADDRESS
2321 HARN BLVD.
CITY-ST-ZIP
CLEARWATER FL 33765

TITLE ☐ DELETE

NAME
CLARK, GEORGE C JR
STREET ADDRESS
P.O. BOX 248 N/A
CITY-ST-ZIP
EVERSON WA 98247

TITLE ☐ DELETE

NAME
CLARK, GEORGE C.
STREET ADDRESS
2520 SUNSET POINT ROAD #45
CITY-ST-ZIP
CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME
DOROTHY CLARK
1.3 STREET ADDRESS
5501-3rd WAY N.
1.4 CITY-ST-ZIP
ST. PETERSBURG, FL 33703

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
LOIS M. CLARK
2.3 STREET ADDRESS
2520 SUNSET PT. RD., LOT #45
2.4 CITY-ST-ZIP
CLEARWATER, FL 33765

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:


Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

11/14/99 727/799-1423

CR2E037 (11/98)