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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N92000000318**

1. Corporation Name
CLEARWATER MERCHANTS ASSOCIATION INC.

Principal Place of Business	Mailing Address
1305 WOODBINE STREET CLEARWATER FL 34615	1305 WOODBINE STREET CLEARWATER FL 34615

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
11/17/1992

4. FEI Number
59-3099132
☐ Applied For
☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BAKER, ROSE
1305 WOODBINE ST.
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 VPD Rose Baker 4-10-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BAKER, ROSE		1.2 NAME		
STREET ADDRESS	1305 WOODBINE STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34615		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PENDLETON, YVETTE		2.2 NAME		
STREET ADDRESS	1303 N GREENWOOD AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34615		2. 4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DIXION, BERNARD		3.2 NAME		
STREET ADDRESS	1841 NORTH HIGHLAND AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34615		3.4. CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMSON, ALLYCE		4. 2 NAME		
STREET ADDRESS	420 HELEN STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34615		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SONEY, BARBARA		5.2 NAME		
STREET ADDRESS	211 ORANGEWOOD		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34615		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DORSEY, BERTHA		6.2 NAME		
STREET ADDRESS	1105 ENGMAN ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34615		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 REQUIRED 4-10-99 727-445-9109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)