2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90275 030 ****61.25

DOCUMENT # N92000000318

1. Entity Name
CLEARWATER MERCHANTS ASSOCIATION INC.

Principal Place of Business	Mailing Address
1300 N. MARTIN LUTHER KING JR. AVE. CLEARWATER, FL 33755	1300 N. MARTIN LUTHER KING JR. AVE. CLEARWATER, FL 33755

03302005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1303 N.Martin Luther	1303 N.Martin Luther
Suite, Apt. #, etc. King Jr.Ave	Suite, Apt. #, etc. King Jr. Ave
City & State Clearwater, Fl	City & State Clearwater, Fl
Zip: 33755 Country: Pinellas	Zip: 33755 Country: Pinellas

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

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

6. Name and Address of Current Registered Agent

PENDLETON, YVETTE
1471 PINEBROOK DR
CLEARWATER, FL 33755

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BAKER, ROSE 1305 WOODBINE STREET CLEARWATER, FL 34615	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Harris,Walter 720 Booth Street Safety Harbor,Fl 34695	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST PENDLETON, YVETTE 1303 N GREENWOOD AVE CLEARWATER, FL 34615	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BARBER, EVA MAE 1124 CARLTON ST CLEARWATER, FL 33755	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KELLY, BERTHA M 1002 MARTIN LUTHR KING JR AVE CLEARWATER, FL 33755	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PENDLETON, JIMMY 1303 N GREENWOOD AVE/MARTIN LUTHER KING JR CLEARWATER, FL 33755	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DORSEY, BERTHA 1105 ENGMAN ST. CLEARWATER, FL 34615	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3-4-05 727 443-6013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #