

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2006 8:00 am**  
**Secretary of State**

01-25-2006 90028 015 \*\*\*\*61.25

**DOCUMENT # N92000000318**

1. Entity Name  
**CLEARWATER MERCHANTS ASSOCIATION INC.**



Principal Place of Business  
**1303 N. MARTIN LUTHER KING JR. AVE.  
CLEARWATER, FL 33755**

Mailing Address  
**1303 N. MARTIN LUTHER KING JR. AVE.  
CLEARWATER, FL 33755**



01042006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	BAKER, ROSE
STREET ADDRESS	1305 WOODBINE STREET
CITY - ST - ZIP	CLEARWATER, FL 34615
TITLE	ST
NAME	PENDLETON, YVETTE
STREET ADDRESS	1303 N GREENWOOD AVE
CITY - ST - ZIP	CLEARWATER, FL 34615
TITLE	VD
NAME	BARBER, EVA MAE
STREET ADDRESS	1124 CARLTON ST
CITY - ST - ZIP	CLEARWATER, FL 33755
TITLE	SD
NAME	KELLY, BERTHA M
STREET ADDRESS	1002 MARTIN LUTHER KING JR AVE
CITY - ST - ZIP	CLEARWATER, FL 33755
TITLE	T
NAME	PENDLETON, JIMMY
STREET ADDRESS	1303 N GREENWOOD AVE/MARTIN LUTHER KING JR
CITY - ST - ZIP	CLEARWATER, FL 33755
TITLE	T
NAME	DORSEY, BERTHA
STREET ADDRESS	1105 ENGMAN ST.
CITY - ST - ZIP	CLEARWATER, FL 34615

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-06 737 443-6013