

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90193 016 ****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**



04172007 No Chg-NP

CR2E037 (4/06)

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

4-24-07 737-443-5399

Date

Daytime Phone #