

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 A
Secretary of State

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	



03112008 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
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

U000000876616
04/11/08-80077-020 61.25

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-08 727-443-6013
Date Daytime Phone #