

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Sep 15 1998 8:00am  
Secretary of State

DOCUMENT # N95000001506 (3)

1. Corporation Name

THE CLIO FOUNDATION, INC.



Principal Place of Business

Mailing Address

6061 SECOND ST., E.

#42

ST PETERSBURG BEACH FL 33706

6061 SECOND ST., E.

#42

ST PETERSBURG BEACH FL 33706

3. Date Incorporated or Qualified

03/29/1995

4. FEI Number

59-3316655

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

P.O. Box 5110

Suite, Apt. #, etc.

27

City & State

28

GULFPORT, FL.

Zip

29

33737

Country

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, ANN

6061 SECOND ST E

#42

ST PETERSBURG BEACH FL 33706

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

*Ann C. Davis*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/18/98  
DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BUCKLEY, JANET  
STREET ADDRESS 1507 CAROLINA AVE., S.  
CITY-ST-ZIP TAMPA FL 33629

TITLE D ☒ DELETE

NAME COLLINGWOOD, SANDRA  
STREET ADDRESS 3605 EAST BAY DR. #204-140  
CITY-ST-ZIP LARGO FL 34641

TITLE D ☐ DELETE

NAME NEAL, SUNNY  
STREET ADDRESS 2001 BEACH DR. S.E.  
CITY-ST-ZIP ST PETERSBURG FL 33705

TITLE D ☒ DELETE

NAME MENZ, ANNA  
STREET ADDRESS 241-13 ST. N.  
CITY-ST-ZIP ST PETERSBURG FL 33705

TITLE T ☒ DELETE

NAME JOAN SCKELL  
STREET ADDRESS 425-18TH AVE., NE  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SECRETARY - D ☒ Change ☐ Addition

1.2 NAME BUCKLEY, JANET  
1.3 STREET ADDRESS 3325 BAY SHORE BLVD, #A-34  
1.4 CITY-ST-ZIP TAMPA, FL. 33629

2.1 TITLE TREASURER - D ☐ Change ☒ Addition

2.2 NAME PATRICIA FINEGAN  
2.3 STREET ADDRESS 6061 SECOND ST, E, #32  
2.4 CITY-ST-ZIP ST. PETE BEACH, FL. 33706

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

000002643070  
-09/18/98--01033--013  
\*\*\*61.25

PE  
9/15

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.

SIGNATURE:

*Ann C. Davis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/18/98 727-367-5760  
Date Daytime Phone #

CR2E037 (5/98)