

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # N9500001506

1. Corporation Name

THE CLIO FOUNDATION, INC.

Principal Place of Business

Mailing Address

FILED Mar 30, 1999 8:00 am § Secretary of State

03-30-1999 90047 045 ****61.25

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6061 SECOND #42 ST PETERSBUR	ST., E. IG BEACH FL 33706	P.O. BOX 5110 GULFPORT FL 33737								
2. Princinal Pl	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed					
21		26			03/29/1995	_				
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			4. FEI Number	Apr	plied For			
22		27		_	59-3316655	No	Applicable			
City & State	9	City & State		_	5. Certifcate of Status Desired	\$8.75 A Fee Re				
Zip 24	Country	Zip Country			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	•			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent				
			81	Name			ļ			
DAVIS, AN	N	•	82	82 Street Address (P.O. Box Number is Not Acceptable)						
6061 SEC	OND ST E	•	83							
#42					· · · · · · · · · · · · · · · · · · ·					
ST PETER	SBURG BEACH FL 33706		84	City	FI	85 Zip C	Code			
office or n	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	i Fiorida. Such change was autho	inzea by	tne corpora	progration submits this statement for the purpose of ation's board of directors. I hereby accept the appointment of the purpose of of the purpo	of changing its pointment as re	registered gistered			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Rep	istered Agen	signature regi	uired when reinstating) DATE					
12.	OFFICERS AND		13.	- angi-to-to-to-qu	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12			
πLE	SD	DELETE	1.1 TITLE		<u>D</u>	Change	☐ Addition			
	1		1.2 NAME	1	O AMET		.)			
NAME	,			30CKLET, DAREN 1824 W NORTH A ST.		ļ				
STREET ADDRESS	3325 BAY SHORE BLVD., #A-34	1		. 710	TAMPA, FL. 33609		ļ			
CITY-ST-ZIP	TAMPA FL 33629	□ DELETE	1.4 CITY-ST	1-219	1AMPA, 12. 200-1	Change	Addition			
TITLE	TD					_ ,	_			
NAME	FINEGAN, PATRICIA		2.2 NAME				į			
STREET ADDRESS	6061 SECOND ST. E., #32	-	2.3 STREET							
CITY-ST-ZIP	ST. PETE BEACH FL 33706	☐ DELETE	2. 4 CITY-S 3.1 TITLE		->	Change	Addition			
TITLE	D		3.2 NAME		<i>ട</i> ാ	- . •-	-			
NAME	NEAL, SUNNY			. ADDDCCC			-			
STREET ADDRESS	2001 BEACH DR. S.E.		3.3 STREET				1			
CITY-ST-ZIP	ST PETERSBURG FL 33705	☐ DELETE	3.4. CITY-S		<u> </u>	Change	Addition			
TITLE		L.; DELETE	4.1 TITLE	_	D TERESA ALBANESE					
NAME			4. 2 NAME		3526 BOCA CIEGA DR., N.					
STREET ADDRESS		1	4.3 STREET	ADDRESS .	3526 DOCK CIRCH STORY		l l			
CITY-ST-ZIP			4.4 CITY-S		ST. PETERSBURG, FL. 33710	Change	Addition			
πιτΕ		☐ D€LETE	5.1 TITLE		D	Til cuanda	Addition			
NAME			5.2 NAME	(PLAUDIA A. COLE P.O. BOX 5194					
STREET ADDRESS				ADDRESS	P.O. DON 317T		1			
CITY-ST-ZIP			5.4 CITY-S	r-ZIP	GULFPORT, FL. 33737		☐ Addition			
TITLE		☐ DELETE	6.1 TITLE	ľ		☐ Change	Addition			
NAME			6.2 NAME	- 1						
STREET ADDRESS	1980 C C		6.3 STREET	ADDRESS			1			
1	1		0.4000/0				· · · · · · · · · · · · · · · · · · ·			

14. 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, with all other like empowered.

SIGNATURE: