

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000001506

1. Entity Name
THE CLIO FOUNDATION, INC.



Principal Place of Business
6061 SECOND ST., E.
#42
SAINT PETERSBURG, FL 33706

Mailing Address
P.O. BOX 5110
GULFPORT, FL 33737



01082008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3316655

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, ANN
6061 SECOND ST E
#42
ST PETERSBURG BEACH, FL 33706

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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, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BUCKLEY, JANET
STREET ADDRESS	3232 S. MACDILL
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	TD
NAME	FINEGAN, PATRICIA
STREET ADDRESS	6061 SECOND ST E, #56
CITY-ST-ZIP	SAINT PETERSBURG, FL 33706
TITLE	SD
NAME	NEAL, SUNNY
STREET ADDRESS	2512-57 ST. S.
CITY-ST-ZIP	GULFPORT, FL 33707
TITLE	D
NAME	DAVIS, ANN C
STREET ADDRESS	6061 2ND ST E #42
CITY-ST-ZIP	SAINT PETERSBURG BEACH, FL 33706
TITLE	PD
NAME	DAVIS, ANN C
STREET ADDRESS	6061 2ND ST. E, #42
CITY-ST-ZIP	SAINT PETERSBURG, FL 33706
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/30/08-80091-001 61.25

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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:

Ann C. Davis

ANN C. DAVIS

1/23/08

Date

727-367-5760

Daytime Phone #