

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000001696

1. Entity Name
CLEARWATER HOMELESS INTERVENTION PROJECT,
INC.



Principal Place of Business
1339 PARK ST
CLEARWATER, FL 33756 US

Mailing Address
P. O. BOX 358
CLEARWATER, FL 33757 US



01062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3366040

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUTHART, MARY L
C/O ST VINCENT DE PAUL SOUP KITCHEN
1345 PARK ST
CLEARWATER, FL 34616

**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, 2004**

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
DP
KLEIN, SID
645 PIERCE STREET
CLEARWATER, FL 33756

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DV
RIVERA, JACQUELINE
908 CLEVELAND ST
CLEARWATER, FL 33755

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DS
GUTHART, MARY L
1345 PARK ST
CLEARWATER, FL 34616

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DT
CARLISLE, STEVE
807 PARK ST
CLEARWATER, FL 33756

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
ED
CIOKIEWICZ, CAROLE L
1112 FLUSHING AVE
CLEARWATER, FL 33764

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U00000009197
01/20/04-80095-019 70.00

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IN THIS SPACE**

12. 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 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

Date

Daytime Phone #