

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001696

FILED
Jun 05, 2008
Secretary of State

Entity Name: CLEARWATER HOMELESS INTERVENTION PROJECT, INC.

Current Principal Place of Business:

1339 PARK ST
CLEARWATER, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 358
CLEARWATER, FL 33757 US

New Mailing Address:

FEI Number: 59-3366040 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KLEIN, SID
Address: 645 PIERCE STREET
City-St-Zip: CLEARWATER, FL 33756

Title: DV () Delete
Name: HINSON, DEAN MAJOR
Address: 1625 NORTH BELCHER ROAD
City-St-Zip: CLEARWATER, FL 33765

Title: DS () Delete
Name: GUTHART, MARY L
Address: 1345 PARK ST
City-St-Zip: CLEARWATER, FL 34616

Title: DT () Delete
Name: HUENKE, JOSEPH
Address: 104 ROYAL COURT
City-St-Zip: SAFETY HARBOR, FL 33795

Title: ED () Delete
Name: BRANT, PAUL E
Address: 18436 STERLING SILVER CIRCLE
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: WARD, CARLTON
Address: 1253 PARK STREET
City-St-Zip: CLEARWATER, FL 33756

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: P. EDWARD BRANT

ED

06/05/2008

Electronic Signature of Signing Officer or Director

Date