## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000001696

FILED Jan 06, 2010 Secretary of State

Entity Name: CLEARWATER HOMELESS INTERVENTION PROJECT, INC.

Current Principal Place of Business: New Principal Place of Business:

1339 PARK ST

CLEARWATER, FL 33756 US

Current Mailing Address: New Mailing Address:

P. O. BOX 358

CLEARWATER, FL 33757 US

FEI Number: 59-3366040 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GUTHART, MARY L GUTHART, MARY L

C/O ST VINCENT DE PAUL SOUP KITCHEN C/O ST VINCENT DE PAUL SOUP KITCHEN

1345 PARK ST 1345 PARK ST

CLEARWATER, FL 34616 US CLEARWATER, FL 33756 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: 01/06/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: DF

 Name:
 WARD, CARLTON

 Address:
 1253 PARK STREET

 City-St-Zip:
 CLEARWATER, FL 33756

Title: DV

 Name:
 FARNELL, DEE ANNA

 Address:
 14250 49TH STREET NORTH

 City-St-Zip:
 CLEARWATER, FL 33762

Title: DS

Name: GUTHART, MARY L Address: 1345 PARK ST

City-St-Zip: CLEARWATER, FL 33756

Title: DT

Name: RIVERA, JACQUELINE
Address: 908 CLEVELAND STREET
City-St-Zip: CLEARWATER, FL 33755

Title: ED

Name: BRANT, PAUL E

Address: 18436 STERLING SILVER CIRCLE

City-St-Zip: LUTZ, FL 33549

I hereby 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 all other like empowered.

SIGNATURE: P. EDWARD BRANT ED 01/06/2010