2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000002122

1. Entity Name CLEARWATER SISTER CITIES, INC.



Mar 19, 2007 8:00 am Secretary of State 03-19-2007 90092 009 ****61.25

FILED

Principal Place of Business
2391 OLD COACH TRL
C! FADWATED FL 33765_1720

Mailing Address 2391 OLD COACH TRL

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2. Principal P	lace of Busine	ss - No P.O. Box #	3. Mail	ing Address									
Suite, Apt.	#, etc.		Sui	ite, Apt. #, etc.				03152007	Chg-NP	c	CR2E03	37 (12/06)	
City & Stat	е		Cit	y & State				4. FEI Number 59-344	4698				pplied For ot Applicable
Zip	Zip Country Zip Co			Coun	itry	5. Certificate of Status Desired						ditional	
	6. Name a	ind Address of Curren	t Registere	d Agent				7. Name and	Address of h	New Regi	stered /	Agent	
						Name		-					
	GOTTLIEB & GOTTLIEB, P.A. 2475 ENTERPRISE SI				Street Add	dress (F	O. Box Numbe	er is Not Acce	eptable)				
CLEARWA	ATER, FL 3	4623											
						City					FL	Zip Coo	de
8. The above the obligat	named entity ions of register	submits this statement red agent.	for the purp	ose of changing its	registered	d office or re	egistere	ed agent, or bot	h, in the State	e of Florida	a. Iam	familiar with	, and accept
SIGNATURE .	Signature, typed or	r printed name of registered age	nt and title if app	licable. (NOTE	: Registered	Agent signature	teriuper e	when reinstating)			DATE		
Filing Fee is \$61.25 9. Election Campaign Due by May 1, 2007 Trust Fund Contribu							\$5.00 May B Added to Fees	ө			k payable tment of S		
10.		OFFICERS AND D	DIRECTORS		11.		A	DDITIONS/CHA	ANGES TO O	FFICERS .	AND DI	RECTORS I	N 10
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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: MANA	L. Sewe	Ce, MARY	L.Sewell	3-16-07	727-726-0260
SICHATURE	ND TYPED OR PRINTED NAME	OF SIGNING OFFICER OR DIREC	CTOR	Date	Daytime Phone #