

FILE NOW: FILING FEE IS \$61.25

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Jun 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N970000002201**
1. Corporation Name
THE CLEARWATER Community Volunteers Inc.

Principal Place of Business Mailing Address
PO BOX 948
CLEARWATER FL 33757

2. Principal Place of Business 21 2030 McKinley St. Suite, Apt. #, etc. 22 City & State 23 Clearwater FL Zip 24 33770 Country 25 Pinellas	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified 4/97	Applied For Not Applicable
4. FEI Number 59-3442288	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent KATIE CHAMBERLAIN 1322 1st Ave NW Largo, FL 33770	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE	
12. President OFFICERS AND DIRECTORS TITLE NAME Bennetta Slaughter <input type="checkbox"/> DELETE STREET ADDRESS 300 Buttonwood Ln CITY-STATE-ZIP Largo, FL 33770 President (T) TITLE NAME Pam Barton <input type="checkbox"/> DELETE STREET ADDRESS 404 Jasmine Way CITY-STATE-ZIP Clearwater, FL 34610 Secretary (T) TITLE NAME Katie Chamberlain <input type="checkbox"/> DELETE STREET ADDRESS 1322 1st Ave NW CITY-STATE-ZIP Largo, FL 33770 Vice President (T) TITLE NAME <input type="checkbox"/> DELETE STREET ADDRESS CITY-STATE-ZIP TITLE NAME <input type="checkbox"/> DELETE STREET ADDRESS CITY-STATE-ZIP TITLE NAME <input type="checkbox"/> DELETE STREET ADDRESS CITY-STATE-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Katie Chamberlain** **4/30/98** **813-584-9265**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)