

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # N97000002201

1. Entity Name
 THE CLEARWATER COMMUNITY VOLUNTEERS, INC.

Principal Place of Business 1322 1ST AVENUE, N.W. LARGO FL 33770	Mailing Address 1322 1ST AVENUE, N.W. LARGO FL 33770
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2. Principal Place of Business 308 S LINCOLN #1	3. Mailing Address 308 S LINCOLN #1
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State CLEARWATER FL	City & State CLEARWATER FL
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Zip 33756	Country	Zip 33756	Country
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4. FEI Number 59-3442288	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHAMBERLAIN KATIE
 1322 1ST AVE., NW

 LARGO FL 33770 US

7. Name and Address of New Registered Agent

Name
 CHAMBERLAIN KATIE
 Street Address (P.O. Box Number is Not Acceptable)
 308 S LINCOLN #1

 City
 CLEARWATER FL Zip Code
 33770

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.

SIGNATURE KATIE CHAMBERLAIN DATE 04/30/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BARTON PAM 404 JASMINE WAY CLEARWATER FL 34610 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CHAMBERLAIN KATIE 1322 1ST AVE., N.W. LARGO FL 33770 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SLAUGHTER BANNETTA 300 BUTTONWOOD LANE LARGO FL 33770 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CHAMBERLAIN KATIE 308 S LINCOLN #1 CLEARWATER FL 33756 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SLAUGHTER BENNETTA 2433 KENT PLACE CLEARWATER FL 33764 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Katie Chamberlain VP Date 04/30/2001

CR2E037 (11/00)