


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90352 001 \*\*\*\*61.25

<b>DOCUMENT # N97000002201</b>	
1. Entity Name <b>THE CLEARWATER COMMUNITY VOLUNTEERS, INC.</b>	

Principal Place of Business <b>1927 SEVER DR CLEARWATER FL 33764</b>	Mailing Address <b>1927 SEVER DR CLEARWATER FL 33764</b>
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MOORE CR2E037 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-3442288</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>
<b>SIGAL, JOAN 1927 SEVER DR CLEARWATER FL 33764</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	PT
NAME	SIGAL, JOAN
STREET ADDRESS	1927 SEVER DR
CITY-ST-ZIP	CLEARWATER FL 33764
TITLE	VT
NAME	CHAMBERLAIN, KATIE
STREET ADDRESS	308 S LINCOLN #1
CITY-ST-ZIP	CLEARWATER FL 33756
TITLE	VT
NAME	BARTON, PAM
STREET ADDRESS	404 JASMINE WAY
CITY-ST-ZIP	CLEARWATER FL 34610
TITLE	SEC
NAME	SHARP, DEB
STREET ADDRESS	1952 ELMHURST DR
CITY-ST-ZIP	CLEARWATER FL 33765
TITLE	SEC, T
NAME	G. Craig Burton
STREET ADDRESS	2316 Hark Blvd.
CITY-ST-ZIP	Clearwater FL 33764
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	TREASURER T
NAME	Patti Brown
STREET ADDRESS	P.O. Box 2136
CITY-ST-ZIP	Clearwater, FL 33767
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	SECRETARY
NAME	Suesan Walker
STREET ADDRESS	1146 King Arthur Ct #116
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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.

<b>SIGNATURE:</b> 	<b>4-15-04</b>	<b>727-736-1917</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #