

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 02, 2006  
Secretary of State**

DOCUMENT# N97000002201

Entity Name: THE CLEARWATER COMMUNITY VOLUNTEERS, INC.

**Current Principal Place of Business:**

1927 SEVER DR  
CLEARWATER, FL 33764

**New Principal Place of Business:**

**Current Mailing Address:**

1927 SEVER DR  
CLEARWATER, FL 33764

**New Mailing Address:**

FEI Number: 59-3442288      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SIGAL, JOAN  
1927 SEVER DR  
CLEARWATER, FL 33764      US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: SIGAL, JOAN  
Address: 1927 SEVER DR  
City-St-Zip: CLEARWATER, FL 33764

Title: T ( ) Delete  
Name: BROWN, PATTI  
Address: P.O. BOX 2136  
City-St-Zip: CLEARWATER, FL 33757

Title: ST ( ) Delete  
Name: SAFIRSTEIN, SUSAN  
Address: P.O. BOX 2122  
City-St-Zip: OLDSMAR, FL 34677

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: SAFIRSTEIN, SUSAN  
Address: P.O. BOX 2122  
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUSAN SAFIRSTEIN

S

02/02/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date