

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000002201

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** THE CLEARWATER COMMUNITY VOLUNTEERS, INC.

**Current Principal Place of Business:**

1927 SEVER DR  
CLEARWATER, FL 33764

**New Principal Place of Business:**

1927 SEVER DR  
CLEARWATER, FL 33764 UN

**Current Mailing Address:**

1852 ELMHURST DR.  
CLEARWATER, FL 33765

**New Mailing Address:**

1852 ELMHURST DR.  
CLEARWATER, FL 33765 UN

**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:**

SHARP, DEBORAH  
1852 ELMHURST DR  
CLEARWATER, FL 33765 US

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: DEBORAH SHARP

04/30/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: D  
Name: BELLMAINE, DEBRA  
Address: 406 MAGNOLIA DR.  
City-St-Zip: CLEARWATER, FL 33756 UN

Title: S  
Name: SHARP, DEBORAH  
Address: 1852 ELMHURST DR.  
City-St-Zip: CLEARWATER, FL 33465

Title: D  
Name: RYAN ANDERSON, PAM  
Address: 1608 GENTRY STREET  
City-St-Zip: CLEARWATER, FL 33755

I hereby 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 all other like empowered.

SIGNATURE: DEBORAH SHARP

S

04/30/2012

Electronic Signature of Signing Officer or Director

Date