2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# N99000007132

Entity Name: CLEARWATER ARTS! FOUNDATION, INC.

Current Principal Place of Business:

100 S MYRTLE AVE
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

PO BOX 955
CLEARWATER, FL 337570955

New Mailing Address:

FEI Number: 59-3629009 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WALBOLT, MARGO
100 S MYRTLE AVE
CLEARWATER, FL 33756 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:	S	( ) Delete
Name:	MAGIDSON, JOSH	
Address:	625 COURT STREET, SUITE 200	
City-St-Zip:	CLEARWATER, FL 33756	
Title:	P	( ) Delete
Name:	LOEHR, NANCY	
Address:	17757 US HWY 19 N S-560	
City-St-Zip:	CLEARWATER, FL 33764	
Title:	D	( ) Delete
Name:	DANIELS, BETH	
Address:	911 CHESNUT	
City-St-Zip:	CLEARWATER, FL 33755	
Title:	D	( ) Delete
Name:	POPP, ROBIN	
Address:	310 PATRICIA AVE	
City-St-Zip:	CLEARWATER, FL 33765	
Title:	D	( ) Delete
Name:	CANTONIS, MARIA	
Address:	205 BAYVIEW DRIVE	
City-St-Zip:	CLEARWATER, FL 33756	
Title:	DT	( ) Delete
Name:	MCMILLAN, MARLY	
Address:	851 MANDALAY AVE	
City-St-Zip:	CLEARWATER, FL 33767	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	S	(X) Change ( ) Addition
Name:	GRAY, GARY	
Address:	1617 GULF TO BAY	
City-St-Zip:	CLEARWATER, FL 33755	
Title:	P	(X) Change ( ) Addition
Name:	DANIELS, BETH	
Address:	911 CHESNUT	
City-St-Zip:	CLEARWATER, FL 33756	
Title:	D	(X) Change ( ) Addition
Name:	SALLIE, PARKS	
Address:	1334 MICHIGAN AVE	
City-St-Zip:	CLEARWATER, FL 34683	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify 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: BETH DANIELS P 05/01/2008
Electronic Signature of Signing Officer or Director — Date