

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 14, 2005 08:00 AM  
Secretary of State

DOCUMENT # N99000007221	
1. Entity Name CLEARWATER ALL-AMERICAN SERTOMA CHARITABLE TRUST, INC.	
Principal Place of Business C/O CHARLES FAZIO 240 SAND KEY ESTATES DR. #64 CLEARWATER, FL 33767	Mailing Address C/O CHARLES FAZIO 240 SAND KEY ESTATES DR. #64 CLEARWATER, FL 33767



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01062005 No Chg-NP

CR2E037 (10/03)

4. FEI Number  
59-3662491

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

5. Name and Address of Current Registered Agent

FAZIO, CHARLES  
240 SAND KEY ESTATES DR. #64  
CLEARWATER, FL 33767

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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

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	FAZIO, CHARLES
STREET ADDRESS	240 SAND KEY ESTATES DR. #64
CITY - ST - ZIP	CLEARWATER BEACH, FL 33767
TITLE	T
NAME	SMITH, THOMAS
STREET ADDRESS	670 ISLAND WAY #501
CITY - ST - ZIP	CLEARWATER BEACH, FL 33767
TITLE	T
NAME	KARRIS, LOUIS
STREET ADDRESS	736 ISLAND WAY #805
CITY - ST - ZIP	CLEARWATER BEACH, FL 33767
TITLE	T
NAME	DORAN, JOHN
STREET ADDRESS	65 VERBENA ST
CITY - ST - ZIP	CLEARWATER, FL 33767
TITLE	T
NAME	SHARP, JOHN
STREET ADDRESS	660 ISLAND WAY #406
CITY - ST - ZIP	CLEARWATER BEACH, FL 33767
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #