

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90175 028 \*\*\*\*61.25

**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**

40049897



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01242007

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**59-3662491**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☐ Delete  
NAME **FAZIO, CHARLES**  
STREET ADDRESS **240 SAND KEY ESTATES DR. #64**  
CITY-ST-ZIP **CLEARWATER BEACH, FL 33767**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☒ Delete  
NAME **WEISS, GEORGE**  
STREET ADDRESS **337 MIDWAY ISLAND**  
CITY-ST-ZIP **CLEARWATER BEACH, FL 33767**

TITLE **T** ☐ Change ☒ Addition  
NAME **Burk, Bob**  
STREET ADDRESS **2960 Tangerine Terrace**  
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **T** ☐ Delete  
NAME **DORAN, JOHN**  
STREET ADDRESS **65 VERBENA ST**  
CITY-ST-ZIP **CLEARWATER, FL 33767**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*C.M. Fazio* **C.M. FAZIO**

**3/31/07** **727-593-9322**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #