

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 739733

**Entity Name:** CLEARWATER FREE CLINIC, INC.

**Current Principal Place of Business:**

1218 COURT STREET  
CLEARWATER, FL 33756

**Current Mailing Address:**

1218 COURT STREET  
CLEARWATER, FL 33756 US

**FEI Number:** 59-1852871

**Certificate of Status Desired:** Yes

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

SHAPIRO, JEAN R  
1218 COURT STREET  
CLEARWATER, FL 33756 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:** JEAN SHAPIRO

03/11/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name PHILLIPS, CRAIG  
Address 611 DRUID RD E  
STE 707  
City-State-Zip: CLEARWATER FL 33756

Title DIRECTOR  
Name BOUTON, STEPHEN  
Address 28619 N 45TH WAY  
City-State-Zip: CAVE CREEK AZ 85331

Title DIRECTOR  
Name PHILLIPS, DAVID  
Address 616 PINELAND AVENUE  
City-State-Zip: BELLEAIR FL 33756

Title DIRECTOR  
Name WIAND, BURTON  
Address 125 CRESTWOOD LANE  
City-State-Zip: LARGO FL 33770

Title DIRECTOR  
Name PERNO, JOSEPH DR.  
Address 4505 W. MELROSE AVENUE  
City-State-Zip: TAMPA FL 33629

Title TREASURER  
Name HAUG, CATHY  
Address 2450 BURNICE DRIVE  
City-State-Zip: CLEARWATER FL 33764

Title CHAIRMAN  
Name LOVGREN, LUKE  
Address 3174 SAN BERNADINO STREET  
City-State-Zip: CLEARWATER FL 33759

Title CEO  
Name SHAPIRO, JEAN  
Address 308 HICKORY LANE  
City-State-Zip: LARGO FL 33770

**Continues on page 2**

*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:** JEAN SHAPIRO

CEO

03/11/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HENRY, MERIDITH  
Address 644 POINSETTIA ROAD  
City-State-Zip: BELLEAIR FL 33756

Title SECRETARY  
Name MARKISON, LATRICE  
Address 12041 KENT GROVE DRIVE  
City-State-Zip: SPRING HILL FL 34610

Title DIRECTOR  
Name KLIMIS, MICHAEL  
Address 35002 US HWY 19 N  
City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR  
Name GILMAN, CLAY  
Address 625 COURT STREET  
STE 200  
City-State-Zip: CLEARWATER FL 33756

Title DIRECTOR  
Name LENZ, FEDERICO DR.  
Address 14001 KENSINGTON OAK PLACE  
City-State-Zip: LARGO FL 33774

Title DIRECTOR  
Name DOTY, LISA  
Address 12725 LONE PALM COURT  
City-State-Zip: LARGO FL 33773

Title DIRECTOR  
Name MATYAS, CAROLE  
Address 1214 FRANKLIN CIRCLE  
City-State-Zip: CLEARWATER FL 33756