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A For the 2009 calendar year, or tax year beginning 07-01-2009, and ending 06-30-2010				
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ROTARY CLUB OF CLEARWATER INC		D Employer identification number 59-0996540
		Number and street (or P O box, if mail is not delivered to street address) PO BOX 822		E Telephone number (727) 510-4812
		City or town, state or country, and ZIP + 4 CLEARWATER, FL 33757		F Group Exemption Number

☒ **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

I Website: ☐ http://www.clearwaterrotary.org/		H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-Exempt status (check only one)— ☒ 501(c)(4) ☐ (insert no.) 4947(a)(1) or ☐ 527		

K Check  if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ	\$	159,525
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Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
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Revenue			
1	Contributions, gifts, grants, and similar amounts received	1	48,715
2	Program service revenue including government fees and contracts	2	77,975
3	Membership dues and assessments	3	32,374
4	Investment income	4	233
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming , check here 		
a	Gross revenue (not including \$ _ of contributions reported on line 1)	6a	
b	Less direct expenses other than fundraising expenses	6b	14,719
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-14,719
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe )	8	228
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 	9	144,806

Expenses	10	Grants and similar amounts paid (attach schedule) 	10	49,756
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	14,765
	14	Occupancy, rent, utilities, and maintenance	14	987
	15	Printing, publications, postage, and shipping	15	97
	16	Other expenses (describe  _____)	16	73,072
	17	Total expenses. Add lines 10 through 16 	17	138,677

Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,129
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	74,245
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	80,374

Part II Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	75,934	22 69,922
23	Land and buildings		23
24	Other assets (describe  )	34,983	24 46,019
25	Total assets	110,917	25 115,941
26	Total liabilities (describe  )	36,672	26 35,567
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	74,245	27 80,374

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? ROTARY CLUB OF CLEARWATER IS A CIVIC ORGANIZATION OPERATED EXCLUSIVELY FOR THE PROMOTION OF SOCIAL WELFARE WITH THE NET EARNINGS DEVOTED TO CHARITABLE, EDUCATIONAL, AND RECREATIONAL PURPOSES		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title		
28 YOUTH SCHOLARSHIP PROGRAM - EACH YEAR, SENIORS AT CLEARWATER HIGH SCHOOL RECEIVE SCHOLARSHIPS FOR CONTINUING POST-SECONDARY EDUCATION COSTS. THE SCHOLARSHIPS ARE GRANTED TO YOUTH WHO HAVE DEMONSTRATED EXCEPTIONAL CHARACTER AND RESILIENCE WHILE SUCCEEDING DESPITE THE ODDS IN DIFFICULT HOMES, HEALTH, OR OTHER CIRCUMSTANCES. MANY STUDENTS WHO WIN THESE SCHOLARSHIPS ARE THE FIRST MEMBERS OF THEIR FAMILY TO ATTEND COLLEGE. (Grants \$ 0) If this amount includes foreign grants, check here . . . ☐	28a	8,548
29 CHARITY APPROPRIATIONS - FUNDING FOR THE PURPOSE OF SUPPORTING OTHER LOCAL CHARITABLE ORGANIZATIONS (Grants \$ 0) If this amount includes foreign grants, check here . . . ☐	29a	27,311
30 WEEKLY CLUB MEETINGS, LUNCHES, AND FELLOWSHIP MEETINGS - FUNCTIONS OF THE ORGANIZATION TO BRING MEMBERS TOGETHER TO FORMULATE DIFFERENT CIVIC ACTIVITIES AND WAYS TO RAISE FUNDS FOR THE SUPPORT OF LOCAL CHARITABLE ORGANIZATIONS (Grants \$ 0) If this amount includes foreign grants, check here . . . ☐	30a	68,533
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . ☐	31a	
32 Total program service expenses (add lines 28a through 31a)	32	104,392

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

Part VOther Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	0
b	Did the organization file Form 1120-POL for this year?	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . .	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved .	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶		0
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		0
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ▶ FL		
42a	The organization's books are in care of ▶ CRAIG GILMAN Telephone no ▶ (727) 446-3058 PO BOX 822 Located at ▶ CLEARWATER, FL ZIP + 4 ▶ 33757		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶	43	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

50(f) Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

51(d) Total number of other independent contractors each receiving over \$100,000 ▶

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	***** Signature of officer		2011-05-09 Date		
	ANN KERR, PRESIDENT Type or print name and title				
Paid Preparer's Use Only	Preparer's signature ▶		Date	Check if self-employed ▶ ☐	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶		Lewis Birch & Ricardo LLC 1401 Court Street Clearwater, FL 337566146		EIN ▶
					Phone no ▶ (727) 446-3058
May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No					

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ANN LOUGHRIDGE KERR PO BOX 822 CLEARWATER,FL 33757	PRESIDENT - ELECT 2 00	0	0	0
GARY ZUMBAUGH PO BOX 822 CLEARWATER,FL 33757	DIRECTOR 2 00	0	0	0

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization
ROTARY CLUB OF CLEARWATER INC

Employer identification number
59-0996540

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			KINGFISH TOURNAMENT	(event type)	(total number)	(Add col (a) through col (c))
			(event type)			
	1	Gross receipts	46,074			46,074
	2	Less Charitable contributions	46,074			46,074
3	Gross income (line 1 minus line 2)					
Direct Expenses	4	Cash prizes	8,000			8,000
	5	Non-cash prizes . . .	46			46
	6	Rent/facility costs . .				
	7	Food and beverages . .	1,618			1,618
	8	Entertainment				
	9	Other direct expenses .	5,055			5,055
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶				14,719
	11	Net income summary Combine lines 3, column d, and line 10. ▶				-14,719

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
						(Add col (a) through col (c))
1	Gross revenue					
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs . . .				
	5	Other direct expenses . .				
	6	Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8	Net gaming income summary Combine lines 1, column d, and line 7 ▶				

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► _____			
Address ► _____			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address		
Name ► _____			
Address ► _____			
16	Gaming manager information		
Name ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____			
☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

TY 2009 Grants and Similar Amounts Paid Schedule**Name:** ROTARY CLUB OF CLEARWATER INC**EIN:** 59-0996540

Item No.	1
Class of Activity	SCHOLARSHIPS
Donee's Name	
Donee's Address	
Amount (FMV)	8,548
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	CASH CONTRIBUTIONS
Donee's Name	
Donee's Address	
Amount (FMV)	1,786
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	SCHOLARSHIPS
Donee's Name	GOOD ACT PROGRAM - CLEARWATER PARKS & REC
Donee's Address	
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	CASH CONTRIBUTIONS
Donee's Name	WILLA CARSON HEALTH RESOURCE CENTER INC
Donee's Address	
Amount (FMV)	5,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	CASH CONTRIBUTIONS
Donee's Name	CHILD INC DBA BAY AREA PREGNANCY CENTER
Donee's Address	
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	CASH CONTRIBUTIONS
Donee's Name	HOMELESS EMERGENCY PROJECT INC
Donee's Address	
Amount (FMV)	1,025
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7
Class of Activity	CASH CONTRIBUTIONS
Donee's Name	LA CLINICA GUADALUPANA
Donee's Address	
Amount (FMV)	5,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	8
Class of Activity	CASH CONTRIBUTIONS
Donee's Name	2-1-1 TAMPA BAY CARES INC
Donee's Address	
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	9
Class of Activity	
Donee's Name	ROTARY INTERNATIONAL
Donee's Address	1560 SHERMAN AVENUE EVANSTON, IL 60201
Amount (FMV)	13,897
Purpose of Payment to Affiliate	DUES/COMMUNITY ASSESMENTS
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	10
Class of Activity	
Donee's Name	ROTARY CLUB OF CLEARWATER CHARITIES INC
Donee's Address	PO BOX 822 CLEARWATER, FL 33757
Amount (FMV)	5,000
Purpose of Payment to Affiliate	CONTRIBUTION
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	11
Class of Activity	
Donee's Name	ROTARY INTERNATIONAL
Donee's Address	1560 SHERMAN AVENUE EVANSTON, IL 60201
Amount (FMV)	5,000
Purpose of Payment to Affiliate	CONTRIBUTION
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Assets Schedule

Name: ROTARY CLUB OF CLEARWATER INC

EIN: 59-0996540

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS RECEIVABLE	34,983	46,019

TY 2009 Other Expenses Schedule**Name:** ROTARY CLUB OF CLEARWATER INC**EIN:** 59-0996540

Description	Amount
ADVERTISING	300
AWARDS AND RECOGNITION	1,120
BANK & CREDIT CARD CHARGES	449
CONFERENCE & CONVENTION EXPENSE	380
CORPORATE FEES	61
FELLOWSHIP EXPENSE	2,563
GROUP STUDY EXPENSE	150
INSURANCE	937
INTERACT - S4TL	950
OFFICE SUPPLIES & EXPENSE	1,918
LUNCHEON EXPENSE	60,710
MISC. EXPENSE	471
PINS, BADGES, AND BANNERS	377
PRESIDENT'S DISCRETIONARY EXP.	1,813
RECRUITING EXPENSE	103
DISTRICT GOVERNOR	770

TY 2009 Other Liabilities Schedule**Name:** ROTARY CLUB OF CLEARWATER INC**EIN:** 59-0996540

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE	5,358	6,437
DEFERRED REVENUE	26,834	27,090
DUE TO ROTARY CHARITIES	3,780	1,890
DUE TO RI FOUNDATION	700	150

TY 2009 Other Revenues Schedule

Name: ROTARY CLUB OF CLEARWATER INC

EIN: 59-0996540

Description	Amount
MISC.	228

TY 2009 Transfers Personal Benefits Contracts Declaration

Name: ROTARY CLUB OF CLEARWATER INC

EIN: 59-0996540

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.

Additional Data

Software ID:

Software Version:

EIN: 59-0996540

Name: ROTARY CLUB OF CLEARWATER INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
FRED BROWN PO BOX 822 CLEARWATER,FL 33757	dIRECTOR 2 00	0	0	0
JOCELYN CHAPMAN PO BOX 822 CLEARWATER,FL 33757	dIRECTOR 2 00	0	0	0
PAUL DOUGLASS PO BOX 822 CLEARWATER,FL 33757	dIRECTOR 2 00	0	0	0
STEVE FOWLER PO BOX 822 CLEARWATER,FL 33757	DIRECTOR 2 00	0	0	0
CRAIG GILMAN PO BOX 822 CLEARWATER,FL 33757	TREASURER 2 00	0	0	0
RICK HEISE PO BOX 822 CLEARWATER,FL 33757	DIRECTOR 2 00	0	0	0
DOUG HILKERT PO BOX 822 CLEARWATER,FL 33757	DIRECTOR 2 00	0	0	0
DEAN HINSON PO BOX 822 CLEARWATER,FL 33757	DIRECTOR 2 00	0	0	0
MARK MARONE PO BOX 822 CLEARWATER,FL 33757	SECRETARY 2 00	0	0	0
JOEL GUINAND PO BOX 822 CLEARWATER,FL 33757	DIRECTOR 2 00	0	0	0
JEFF JENNINGS PO BOX 822 CLEARWATER,FL 33757	DIRECTOR 2 00	0	0	0
BILL LAYMAN PO BOX 822 CLEARWATER,FL 33757	DIRECTOR 2 00	0	0	0
GLENN MARTIN PO BOX 822 CLEARWATER,FL 33757	DIRECTOR 2 00	0	0	0
DONNA RIDLEY PO BOX 822 CLEARWATER,FL 33757	DIRECTOR 2 00	0	0	0
TERRY SIMMONS PO BOX 822 CLEARWATER,FL 33757	DIRECTOR 2 00	0	0	0
DEWEY WILLIAMS PO BOX 822 CLEARWATER,FL 33757	PRESIDENT 2 00	0	0	0