

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711485 (3)

1. Corporation Name
CHAPEL BY THE SEA CLEARWATER BEACH COMMUNITY CHURCH, INC.

Principal Place of Business Mailing Address
54 BAY ESPLANADE 54 BAY ESPLANADE
54 BAY ESPLANADE 54 BAY ESPLANADE
CLEARWATER BEACH FL 34630-9640 CLEARWATER BEACH FL 34630-1807



3. Date Incorporated or Qualified 09/14/1966 3a. Date of Last Report 02/05/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-0910346		Applied For	
21		26				Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28					
Zip		Country		29		30	
24		25					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MARTIN JR., JAMES A. 400 CLEVELAND STREET CLEARWATER FL 33515				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, HUGH	1.2 NAME	VINCENT, Sherry
STREET ADDRESS	700 ISLAND WAY #504	1.3 STREET ADDRESS	830 S. Gulfview Blvd. #305
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Clearwater Beach, FL 34630
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINCENT, SHERRY	2.2 NAME	LAWLER, James
STREET ADDRESS	830 S. GULFVIEW BLVD. #305	2.3 STREET ADDRESS	745 Bruce Avenue
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Clearwater Beach, FL 34630
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWLER, JAMES	3.2 NAME	ZWEIFEL, Glenys
STREET ADDRESS	745 BRUCE AVENUE	3.3 STREET ADDRESS	2761 Westchester Dr. N.
CITY-ST-ZIP	CLEARWATER BEACH FL	3.4 CITY-ST-ZIP	Clearwater, FL 34621
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BICKEL, JAN	4.2 NAME	
STREET ADDRESS	924 NARCISSUS AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sherry Vincent* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 2/12/97 DAYTIME PHONE # 0067861

CR2E037 (9/96)