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**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 711485**

1. Corporation Name

**CHAPEL BY THE SEA CLEARWATER BEACH COMMUNITY CHURCH, INC.**

Principal Place of Business

54 BAY ESPLANDE  
 54 BAY ESPLANADE  
 CLEARWATER BEACH FL 33767  
 US

Mailing Address

54 BAY ESPLANADE  
 54 BAY ESPLANADE  
 CLEARWATER BEACH FL 33767  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/14/1966

4. FEI Number  
 59-0910346

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

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

9. Name and Address of Current Registered Agent

MARTIN JR., JAMES A.  
 400 CLEVELAND STREET  
 CLEARWATER FL 33515

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  DELETE  
 NAME VINCENT, SHERRY  
 STREET ADDRESS 830 A GULFVIEW BLVD., #305  
 CITY-ST-ZIP CLEARWATER FL

TITLE VD  DELETE  
 NAME LAWLER, JAMES  
 STREET ADDRESS 745 BRUCE AVENUE  
 CITY-ST-ZIP CLEARWATER FL

TITLE TD  DELETE  
 NAME WILLIAMS, HUGH  
 STREET ADDRESS 700 ISLAND WAY #504  
 CITY-ST-ZIP CLEARWATER FL 33767

TITLE SD  DELETE  
 NAME BICKEL, JAN  
 STREET ADDRESS 1717 COACHMAKER'S LANE  
 CITY-ST-ZIP CLEARWATER FL 33765

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  Change  Addition  
 1.2 NAME HATTENHAUER, JEAN  
 1.3 STREET ADDRESS 301 SEACREST DRIVE #704  
 1.4 CITY-ST-ZIP LARGO, FL 33770

2.1 TITLE VD  Change  Addition  
 2.2 NAME SMITH, MARK  
 2.3 STREET ADDRESS 701 BAY ESPLANADE  
 2.4 CITY-ST-ZIP Clearwater Beach, FL 33767

3.1 TITLE TD  Change  Addition  
 3.2 NAME BICKERSTAFFE, ROBERT  
 3.3 STREET ADDRESS 1007 EAST DRUID ROAD  
 3.4 CITY-ST-ZIP CLEARWATER, FL 33756

4.1 TITLE SD  Change  Addition  
 4.2 NAME NEWCOMER, LAVONNE  
 4.3 STREET ADDRESS 19029 US 19 N, VILLA #25E  
 4.4 CITY-ST-ZIP CLEARWATER, FL 33754

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

*Signature of Katherine Harris*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/99

Date

Daytime Phone #

CR2E037 (1/198)