

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 769949 (9)

1. Corporation Name
HOPE PRESBYTERIAN CHURCH OF CLEARWATER, FLORIDA, INC.



Principal Place of Business: % 1698 S BELCHER RD CLEARWATER FL 34624
Mailing Address: % 1698 S BELCHER RD CLEARWATER FL 34624

3. Date Incorporated or Qualified: 08/23/1983
3a. Date of Last Report: 03/08/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2171987	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
					<input type="checkbox"/>	
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
					<input type="checkbox"/>	
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**THOMPSON, T.J.
1698 S.BELCHER RD
CLEARWATER FL 34624**

10. Name and Address of New Registered Agent
81 Name: **James M. Cummings**
82 Street Address (P.O. Box Number is Not Acceptable): **1698 S. Belcher Rd.**
83 City, State, Zip: **Clearwater FL 34624**
84 City: **Clearwater** 85 Zip Code: **FL 34624**

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: *James M. Cummings* **James M. Cummings, Interim Pastor, April 22, 1996**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CERIO, BECKY	
STREET ADDRESS	2647 CLUBHOUSE DRIVE N.	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MILAM, DARLEN	
STREET ADDRESS	1698 BELLROSE DR N.	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WEAVER, LARAE	
STREET ADDRESS	1854 OAKDALE LANE S.	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CROOM, TOM	
STREET ADDRESS	9795 PORTSIDE DRIVE	
CITY - ST - ZIP	SEMINOLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CERIO, BECKY	
STREET ADDRESS	968 PARKWOOD DR.	
CITY - ST - ZIP	DUNEDIN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Joe Laing	
1.3 STREET ADDRESS	3729 Mission Ct	
1.4 CITY - ST - ZIP	Largo FL 34641	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Stacy Curley	
2.3 STREET ADDRESS	1733 54th Ave. S	
2.4 CITY - ST - ZIP	St. Petersburg FL 33712	
3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mark Abdo	
3.3 STREET ADDRESS	1973 Sever Dr.	
3.4 CITY - ST - ZIP	Clearwater FL 34624	
4.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	John Guthrie	
4.3 STREET ADDRESS	11300 Harbor Way #1736	
4.4 CITY - ST - ZIP	Largo FL 34644	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Don Baumgardner	
5.3 STREET ADDRESS	11235 Oakhaven Dr.	
5.4 CITY - ST - ZIP	Pinellas Park FL 34666	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Wayne Kosfeld	
6.3 STREET ADDRESS	2243 Glenmoor Rd.S.	
6.4 CITY - ST - ZIP	Clearwater FL 34624	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Joe Laing* **Joe Laing April 22 1996** Date **531-3200** Daytime Phone #

CR2E037 (12/95)