


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 01 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 # 769949
1. Corporation Name
HOPE PRESBYTERIAN CHURCH OF CLEARWATER, FLORIDA, INC.

Principal Place of Business Mailing Address
1698 S. Belcher Rd Clearwater, FL 34624
1698 S. Belcher Rd Clearwater, FL 34624

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc 26 Suite, Apt #, etc
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
8/23/83 4/22/96
4. FEI Number Applied For
59-2171987 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
Dembroski, Peter
1698 S. Belcher Rd
Clearwater, FL 34624

10. Name and Address of New Registered Agent
81 Name Peter Dembroski
82 Street Address (P.O. Box Number is Not Acceptable) 1698 S. Belcher Rd.
83
84 City Clearwater FL 85 Zip Code 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 *Peter Dembroski* Peter Dembroski, Pastor 6/15/97
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	P/D	<input checked="" type="checkbox"/> DELETE
NAME	Joe Laing	
STREET ADDRESS	3729 Mission Ct	
CITY-ST-ZIP	Largo FL 33771	
TITLE	V/D	<input checked="" type="checkbox"/> DELETE
NAME	Stacy Curley	
STREET ADDRESS	173354th Ave S'	
CITY-ST-ZIP	St Petersburg FL 33712	
TITLE	S/D	<input checked="" type="checkbox"/> DELETE
NAME	Mark Abdo	
STREET ADDRESS	1973 Sever Dr	
CITY-ST-ZIP	Clearwater FL 33764	
TITLE	T/D	<input type="checkbox"/> DELETE
NAME	John Guthrie	
STREET ADDRESS	11300 Harbor Way #1736	
CITY-ST-ZIP	Largo FL 33774	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Don Baumgardner	
STREET ADDRESS	4900 Ridgemoor Cr.	
CITY-ST-ZIP	Palm Harbor FL 34685	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Wayne Kosfeld	
STREET ADDRESS	2243 Glenmoor Rd S	
CITY-ST-ZIP	Clearwater FL 34624	

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	Tom Pollock	
1.3 STREET ADDRESS	1200 Ridgemoor Dr S	
1.4 CITY-ST-ZIP	Palm Harbor FL 34683	
2.1 TITLE	V/D Patti Wyatt	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	615 College Hill Dr	
2.3 STREET ADDRESS	Clearwater FL 33765	
2.4 CITY-ST-ZIP		
3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Val Stephens	
3.3 STREET ADDRESS	3408 Briarwood Lane	
3.4 CITY-ST-ZIP	Safety Harbor FL 34695	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	100002228441	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-07/02/97--01001--036	
6.3 STREET ADDRESS	***61.25	
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 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, on an attachment with an address.

SIGNATURE: *John Guthrie* John Guthrie 6/24/97 593-3505
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/96)