


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton 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		
4. FEI Number 59-2171987	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DEMBROSKI, PETER
1698 S. BELCHER ROAD
CLEARWATER FL 34624**

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	B5 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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	POLLOCK, TOM	
STREET ADDRESS	1200 RIDGEGROVE DR. S	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WYATT, PATTI	
STREET ADDRESS	615 COLLEGE HILL DR.	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STEPHENS, VAL	
STREET ADDRESS	3408 BRIARWOOD LANE	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GUTHRIE, JOHN	
STREET ADDRESS	11300 HARBOR WAY #1738	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAUMGARDNER, DON	
STREET ADDRESS	4900 RIDGEMOOR CR.	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOSFELD, WAYNE	
STREET ADDRESS	2243 GLENMOOR ROAD S	
CITY-ST-ZIP	CLEARWATER FL 34624	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Tom Pollock* *Sandra B. Morton* *1/16/98* *1812/531-27100*

CR2E037 (10/97)