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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 769949

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/23/1983

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2171987

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEMBROSKI, PETER  
1698 S. BELCHER ROAD  
CLEARWATER FL 34624

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 #1736	
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	

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LEE REGULSKI	
1.3 STREET ADDRESS	1045 SCHINABER RD	
1.4 CITY-ST-ZIP	CLEARWATER, FL 33764	
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BOB STEVENS	
2.3 STREET ADDRESS	7374 NORWICH LN	
2.4 CITY-ST-ZIP	CLEARWATER, FL 33764	
3.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DONNA WEATHERWAL	
3.3 STREET ADDRESS	1012 IRISBAU	
3.4 CITY-ST-ZIP	LARGO, FL 33771	
4.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SALLY ROACH	
4.3 STREET ADDRESS	2433 CLEMAN DR	
4.4 CITY-ST-ZIP	CLEARWATER, FL 33764	
5.1 TITLE	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RON PRIEST	
5.3 STREET ADDRESS	8046 BRYANWOOD DR	
5.4 CITY-ST-ZIP	SEMINOLE, FL 33776	
6.1 TITLE	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MICHAEL MILLER	
6.3 STREET ADDRESS	821 WOODCREST AV.	
6.4 CITY-ST-ZIP	CLEARWATER, FL 33756	

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: *Lee Regulski* LEE REGULSKI, PRES.

1/22/99

927-531-4259

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)