

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90051 041 ****61.25



DOCUMENT # 769949

1. Entity Name

HOPE PRESBYTERIAN CHURCH OF CLEARWATER,
FLORIDA, INC.

Principal Place of Business

% 1698 S BELCHER RD
CLEARWATER FL 33764

Mailing Address

% 1698 S BELCHER RD
CLEARWATER FL 33764

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2171987

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

DEMBROSKI, PETER
1698 S. BELCHER ROAD
CLEARWATER FL 34624

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	P LUKENS, ART	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2245 NORTH GLENMOOR ROAD	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE NAME	VP MULDER, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	1791 GRENIDA AVENUE	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE NAME	T STEVENS, ROB	<input type="checkbox"/> Delete
STREET ADDRESS	7374 TIMBERCREST CIRCLE WEST	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE NAME	S WYATT, WAYNE	<input type="checkbox"/> Delete
STREET ADDRESS	1872 DEL ROBLES TERRACE	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE NAME	T BLAIS, TODD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1658 FRANKLIN WAY	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE NAME	T SHUGART, FRANCES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2560 HARN BLVD. - APT.#5	
CITY-ST-ZIP	CLEARWATER FL 33764	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P WAYNE KOSFOLD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2243 GLEN MOOR RD. S.	
CITY-ST-ZIP	CLEARWATER, FL. 33764	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	T JIM GRIENER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2113 PONCIANA TERR.	
CITY-ST-ZIP	CLEARWATER, FL. 33760	
TITLE NAME	T LARRY MERILL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	751 VALENCIA DR. S.	
CITY-ST-ZIP	LARGO, FL. 33778	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/26/04

Date

(727) 585-9945

Daytime Phone #