


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2007 8:00 am
Secretary of State

06-01-2007 90001 020 ****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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

05252007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2171987

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent

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

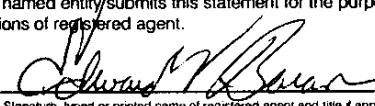
7. Name and Address of New Registered Agent

Name **EDWARD V. BARRAN**

Street Address (P.O. Box Number is Not Acceptable)
7001 VALENCIA AVE NO 146

City **LARGO** FL Zip Code **33777**

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  DATE **5/27/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

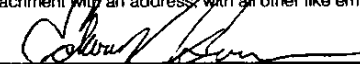
10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BOING, SCOTT	
STREET ADDRESS	1125 PORTER DRIVE	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MERRILL, LARRY	
STREET ADDRESS	751 VALENCIA DR S	
CITY-ST-ZIP	LARGO, FL 33778	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CURLEY, STACY	
STREET ADDRESS	2165 CAMPUS DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 33764	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WEATHERWAX, MIDGE	
STREET ADDRESS	1012 IRENE AVE	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ABRAMO, CARLLYN	
STREET ADDRESS	2516 WRENSWAY	
CITY-ST-ZIP	CLEARWATER, FL 33764	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTOPHER HOWARD	
STREET ADDRESS	1001 STARKEY RD #82	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHA CLARK	
STREET ADDRESS	703 KNOLLWOOD DR	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ED BARRAN	
STREET ADDRESS	7001 VALENCIA AVE #146	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAY GENTRY	
STREET ADDRESS	3072 KEENE PK DR	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBBIE LARANCE	
STREET ADDRESS	30405 PINES DR #97	
CITY-ST-ZIP	LARGO FL 33771	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE **5/27/07** DAYTIME PHONE # **727-532-8800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR