

FILE NOW: FILING FEE IS \$61.25

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Jul 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000006681 (7)**  
1. Corporation Name  
**CLEARWATER CHRISTIAN MINISTRIES, INC.**



Principal Place of Business <b>1001 S. PROSPECT DR., SUITE 1 CLEARWATER FL 34616</b>	Mailing Address <b>P. O. BOX 2876 CLEARWATER FL 34617</b>
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3. Date Incorporated or Qualified <b>11/24/1997</b>	
4. FEI Number <b>59-3481015</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip <b>33756</b> Country <b>USA</b>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip <b>33757-2876</b> Country <b>USA</b>
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9. Name and Address of Current Registered Agent <b>PERRY, MELBA 1001 S. PROSPECT DR., SUITE 1 CLEARWATER FL 34616</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	<b>DIRECTOR</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>DR. MAGGIE C. FAULKNER</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>2416 INDIAN TRAILS W - P.O. BOX 572 PALM HARBOR, FL 34682</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<b>TRUSTEE</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>MS. KELLY HINSHAW</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>1424 PARK ST. CLEARWATER FL 33755</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<b>P/C</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>MELBA PERRY</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>1001 S. PROSPECT AVE #1 CLEARWATER FL 33756</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<b>TRUSTEE</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>MIRRIAM CEPERO</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>514 BETTY LANE #7 CLEARWATER FL 33756</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>DIRECTOR</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>JOSEPHINE CRAIG</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>12180 75th ST. N. PINELLAS PARK, FL 34665</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>TRUSTEE (COUNSEL)</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>KYLE A. ROBERTS</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>342 FOXCROFT DR E - P.O. BOX 462 PALM HARBOR FL 34682</b>

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.

CR2E037 (10/97)

SIGNATURE \_\_\_\_\_ DATE **4/22/00**