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**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90163 018 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000006681**  
 1. Corporation Name  
**CLEARWATER CHRISTIAN MINISTRIES, INC.**

Principal Place of Business 1001 S. PROSPECT DR. SUITE 1 CLEARWATER FL 33756 US	Mailing Address P. O. BOX 2876 CLEARWATER FL 33757-876 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 11/24/1997	4. FEI Number 59-3481015 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
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9. Name and Address of Current Registered Agent PERRY, MELBA 1001 S. PROSPECT DR., SUITE 1 CLEARWATER FL 34616	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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: D NAME: FAULKNER, MAGGIE C DR STREET ADDRESS: 2416 INDIAN TRAILS W, POB 572 CITY-ST-ZIP: PALM HARBOR FL 34682 <input checked="" type="checkbox"/> DELETE		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: HINSHAW, KELLEY M STREET ADDRESS: 1424 PARK ST CITY-ST-ZIP: CLEARWATER FL 33755 <input type="checkbox"/> DELETE		2.1 TITLE: <del>MS</del> T/S 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PC NAME: PERRY, MELBA - PASTOR STREET ADDRESS: 1001 S PROSPECT AVE 1 CITY-ST-ZIP: CLEARWATER FL 33756 <input type="checkbox"/> DELETE		3.1 TITLE 3.2 NAME: PERRY, MELBA, PASTOR 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: CEPERO, MIRRIAM STREET ADDRESS: 514 BETTY LANE 7 CITY-ST-ZIP: CLEARWATER FL 33756 <input type="checkbox"/> DELETE		4.1 TITLE: TR 4.2 NAME: CEPERO, MIRRIAM, REV. 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: CRAIG, JOSEPHINE STREET ADDRESS: 12180 75TH ST N CITY-ST-ZIP: PINELLAS PARK FL 34665 <input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: ROBERTS, KYLE A STREET ADDRESS: 342 FOXCROFT DR E, POB 462 CITY-ST-ZIP: PALM HARBOR FL 34682 <input checked="" type="checkbox"/> DELETE		6.1 TITLE: DIRECTOR 6.2 NAME: NANCY KLESZY 6.3 STREET ADDRESS: 380 BAYSHORE BLVD #107 6.4 CITY-ST-ZIP: CLEARWATER, FL 33759	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Pastor Melba Perry **SIGNATURE REQUIRED** Date: April 26, 1999 Daytime Phone # \_\_\_\_\_

CR2E037 (11/98)