

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 27, 2003 8:00 am
Secretary of State

08-27-2003 90076 047 ****70.00

0013287

DOCUMENT # N97000006681

1. Entity Name

CLEARWATER CHRISTIAN SERVICES, INC.



Principal Place of Business

**1001 S. PROSPECT AVE., #1
CLEARWATER FL 33756
US**

Mailing Address

**P.O. BOX 1407
CLEARWATER FL 33757-1407
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3481015**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PERRY, MELBA
1001 S. PROSPECT AVENUE, #1
CLEARWATER FL 33758**

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
Aftcr September 10, 2003, min will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	PERRY, MELBA V	
STREET ADDRESS	1001 S. PROSPECT AVE., #1	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	ST	<input type="checkbox"/> Delete
NAME	AJO, YOLANDA	
STREET ADDRESS	7609 LEMONWOOD CT	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FAULKNER, MAGGIE DR.	
STREET ADDRESS	2416 INDIAN TRAILS W	
CITY-ST-ZIP	PALM HARBOR FL 34682	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERRY, BRUCE	
STREET ADDRESS	1569 MAIN STREET	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAULKNER, NICHOLAS	
STREET ADDRESS	342 FOXCROFT DR E	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	TT	<input type="checkbox"/> Delete
NAME	KLESZY, NANCY	
STREET ADDRESS	585 SKY HARBOR DR	
CITY-ST-ZIP	CLEARWATER FL 33759	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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 REQUIRED

8/25/03 727-449-1006

CR2E037 (4/03)